

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 6

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding being requested for each PEI project from Form No. 4 for each PEI project by the age group to be served, and the total PEI funding request. Also insert the Administration funding being requested from Form No.5 (line C).

County:	Monterey
Date:	3/15/2008

		Fiscal Year			Funds Requested by Age Group			
#	List each PEI Project	FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Access to Services	\$ -	\$ 761,157	\$ 761,157	\$ 260,845.00	\$ 268,293.00	\$ 182,312.00	\$ 49,707.00
2	Prevention and Education	\$ -	\$ 922,348	\$ 922,348	\$ 421,242.00	\$ 74,262.00	\$ 189,582.00	\$237,262.00
3	Screening and Care	\$ -	\$ 546,554	\$ 546,554	\$ 468,510.00	\$ 39,022.00	\$ 39,022.00	\$ -
4	Social Support	\$ -	\$ 1,094,394	\$ 1,094,394	\$ 179,366.00	\$ 362,327.00	\$ 452,420.00	\$100,281.00
5	Administration	\$ 59,162	\$ 256,585	\$ 315,747	\$ 127,119.74	\$ 70,411.58	\$ 81,936.35	\$ 36,279.33
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
	Total PEI Funds Requested:	\$ 59,162	\$ 3,581,038	\$ 3,640,200	\$ 1,457,082.74	\$ 814,315.58	\$ 945,272.35	\$423,529.33

*A minimum of 51 percent of the overall PEI component budget must be dedicated to individuals who are between the ages of 0 and 25 ("small counties" are excluded from this requirement).

PEI Administration Budget Worksheet

Form No. 5

County: MontereyDate: 5/1/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator	0	1	\$44,076	\$59,764	\$103,840
b. PEI Support Staff	0.5	0.5	\$0	\$16,339	\$16,339
c. Other Personnel (list all classifications)			\$0	\$0	\$0
			\$0	\$0	\$0
			\$0	\$0	\$0
			\$0	\$0	\$0
d. Employee Benefits			\$15,086	\$25,560	\$40,646
e. Total Personnel Expenditures			\$59,162	\$101,663	\$160,825
2. Operating Expenditures					
a. Facility Costs			\$0	\$4,100	\$4,100
b. Other Operating Expenditures			\$0	\$150,822	\$150,822
c. Total Operating Expenditures			\$0	\$154,922	\$154,922
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$59,162	\$256,585	\$315,747
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$59,162	\$256,585	\$315,747
D. Total In-Kind Contributions			\$0	\$0	\$0

Budget Narrative
Mental Health Services Act Prevention and Early Intervention Component
Administration
FY 2007-08 and 2008-09

A. EXPENDITURES

1. Personnel. All of the recruitments will be conducted in accordance with County policy, and will stress the desire to hire staff that is linguistically and ethnically diverse. Total personnel costs amount to \$160,825 for fiscal years (FY) 2007-08 and 2008-09. The FY 2007-08-09 amounts to \$ 59,162 and the FY 2008-109 amounts to \$101,663. The overall amount is a sum of salaries and wages and benefits and taxes shown below.
 - a. Salaries and Wages.
 - i. FY 2007-08. Costs for Salaries and wages amount to \$44,076. It includes costs for a 1.0 FTE Prevention and Early Intervention Coordinator for 9 months.
 - ii. FY 2008-09. Costs for Salaries and wages amount to \$101,663. It includes costs for a 1.0 FTE Prevention and Early Intervention Coordinator for 12 months (\$59,764) and 0.5 FTE Office Assistant at \$16,339 for 12 months.
 - 1.a.ii.1. The 1.0 FTE PEI Coordinator will provide overall PEI coordination under the direction of the MHSA Coordinator to ensure appropriate implementation of PEI plan goals and programs.
 - 1.a.ii.2. 0.5 FTE Office Assistant will provide clerical support to the PEI Coordinator.
 - b. Benefits and Taxes. Benefits are estimated at \$40,646 for both fiscal years, (\$15,806 for FY 2007-08 and \$25,560 for FY 2008-09) and include costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.
2. Operating Expenditures. Operating expenditures for this program are estimated at \$154,922 per year.
 - a. Facility Cost. Rental costs are estimated at \$3,741 per year for 1.5 FTE for rental of buildings. The annual cost per FTE is estimated at \$2,494 and is prorated according to the number of FTEs in this program. Additionally costs for janitorial supplies \$500, janitorial services \$1,000, building maintenance outside services \$600, building maintenance \$500, alarm services \$600, and utilities \$900 amount to a total of \$4,100. The overall total for facilities costs is \$7,841. The facilities costs such as maintenance of buildings is allocated to all programs costs as these costs are incurred but are originally budgeted in the Administration budget.
 - b. Other Operating Expenses. Operating expenditures are estimated at \$147,081. This category includes costs for a contract for plan development \$18,000, and a contract for evaluation at \$43,925. Other costs included in this category are office supplies at \$11,615, equipment

and furnishings \$4,000, computer acquisition costs \$2,000, employee travel \$1,000, employee training \$10,000, rental of equipment (vehicle and copier) \$7,337, incentives for clients \$15,000; a contract with a consumer advocacy consultant \$7,500; interpretation services estimated at \$10,000; printing of documents and flyers estimated at \$5,000; and various miscellaneous expenses including vehicle maintenance, gasoline costs, postage and shipping, messenger services, and books estimated at \$12,334.

3. County Allocated Administration. No allocated A-87 County Administration is budgeted as this time.
4. Total Proposed PEI budget for Administration \$315,747.
- B. Revenues. No other revenues are anticipated for this program.
 1. Total Revenue. N/A
- C. Total Funding Requested for PEI Project: \$315,747
- D. Total In-Kind Contributions: No in-kind contributions are anticipated for this program.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name:	Monterey	Date:	5/1/08
PEI Project Name:	Increase Access to Mental Health Services		
Provider Name (if known):	County of Monterey		
Intended Provider Category:	County Agency		
Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09 568
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09
Expansion:	FY 07-08	0	FY 08-09 568
Months of Operation:	FY 07-08	0	FY 08-09 12
Total Program/PEI Project Budget			
Proposed Expenses and Revenues		FY 07-08	FY 08-09 Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
	Behavioral Health Services Mgr (0.4 FTE)	\$ -	\$ 39,698 \$ 39,698
	Social Worker III (3 FTE) System Navigators	\$ -	\$ 225,000 \$ 225,000
b. Benefits and Taxes @ %			
		\$ -	\$ 95,399 \$ 95,399
c. Total Personnel Expenditures		\$ -	\$ 360,097 \$ 360,097
2. Operating Expenditures			
a. Facility Cost			
		\$ -	\$ - \$ -
b. Other Operating Expenses			
		\$ -	\$ 20,720 \$ 20,720
c. Total Operating Expenses		\$ -	\$ 20,720 \$ 20,720
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	African American Partnership	\$ -	\$ 97,000 \$ 97,000
	211 Initiative	\$ -	\$ 25,000 \$ 25,000
	Domestic Violence (school based trauma interv	\$ -	\$ 75,000 \$ 75,000
	LGBTQ Partnership	\$ -	\$ 116,340 \$ 116,340
	Suicide Prevention Line	\$ -	\$ 87,000 \$ 87,000
	African American Screening Services	\$ -	\$ 30,000 \$ 30,000
		\$ -	\$ - \$ -
a. Total Subcontracts		\$ -	\$ 430,340 \$ 430,340
4. Total Proposed PEI Project Budget		\$ -	\$ 811,157 \$ 811,157
B. Revenues (list/itemize by fund source)			
	Federal Financial Participation	\$ -	\$ 50,000 \$ 50,000
		\$ -	\$ - \$ -
		\$ -	\$ - \$ -
1. Total Revenue		\$ -	\$ 50,000 \$ 50,000
5. Total Funding Requested for PEI Project		\$ -	\$ 761,157 \$ 761,157
6. Total In-Kind Contributions		\$ -	\$ - \$ -

**Mental Health Services Act
Prevention and Early Intervention Component
Increase Access to Mental Health Services
FY 2007-08 and 2008-09**

A. EXPENDITURES

1. Personnel. All of the recruitments will be conducted in accordance with County policy, and will stress the desire to hire staff that is linguistically and ethnically diverse. Total personnel costs amount to \$360,097. This amount is a sum of salaries and benefits and taxes shown below.
 - a. Salaries and Wages. Costs for salaries and wages amount to \$264,698. It includes costs for; 0.4 FTE Behavioral Health Services Manager II at \$39,698, and 3.0 Social Worker III at \$225,000.
 - i. 0.40 FTE Behavioral Health Services Manager will oversee and monitor the daily functions of behavioral health operated programs.
 - ii. 3.00 FTE Social Worker III will perform system navigation functions to include consumer and family advocacy, referral system development and implementation for services within the mental health system and in collaboration with community services available throughout Monterey County.
 - b. Benefits and Taxes. Benefits are estimated at \$95,399 and include costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.
2. Operating Expenditures. Total operating expenses amount to \$20,720.
 - a. Facility Cost. Facility costs are calculated at \$8,480 to cover rental of office space for 3.4 FTE at an annual cost of \$2,494 per FTE.
 - b. Other Operating Expenses. Other operating expenses are calculated at \$12,240 to cover costs of Internet access, e-mail, computer support, telephone, and enterprise allocation for 3.4 FTE. The annual cost per FTE is \$3,600.
3. Subcontracts/Professional Services. This category totals \$430,340.
 - a. African American Partnership \$107,000. This represents the cost for a contract with a local community based organization for services to the African American community by conducting outreach and engagement activities, mental health counseling services as well as community education.
 - b. 211 Initiative \$25,000. This represents the costs for support in the development and implementation of a county-wide 211 referral line where potential consumers will receive a direct referral to mental health services.
 - c. Domestic Violence Prevention, School Based Trauma Intervention \$75,000. This represents costs for a contract with a local community based organization to provide counseling services 5 times a week in 5 schools at \$3,000 per school per year.

- d. LGBTQ Partnership \$116,340. This represents the costs for a contract with a local community based organization for provision of outreach (\$50,000) and counseling services (66,340) from a local community based organization.
- e. Suicide prevention hotline \$87,000. This represents the costs for a contract with a local community based organization to provide a suicide prevention crisis line.
- 4. Total Proposed PEI budget. The overall expenditure level for this program is \$811,157.

B. Revenues. Other revenues for this program are estimated at \$50,000 in Federal Financial Participation.

5. Total Funding Requested \$761,157. The total funding requested is the difference between the total expenditures of \$811,157 and \$50,000 in offsetting Federal Financial Participation revenue.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name	Monterey	Date:	5/1/08
PEI Project Name:	Increase Access to Mental Health Screening		
Provider Name (if known):	County of Monterey		
Intended Provider Category:	County Agency		
Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09 100
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09 0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09 100
Months of Operation:	FY 07-08	0	FY 08-09 12
Total Program/PEI Project Budget			
Proposed Expenses and Revenues		FY 07-08	FY 08-09 Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
	Psychiatric Social Worker II (2 FTE) (School EBP)	\$ -	\$ 142,500 \$ 142,500
		\$ -	\$ - \$ -
		\$ -	\$ - \$ -
b. Benefits and Taxes @ %		\$ -	\$ 47,500 \$ 47,500
c. Total Personnel Expenditures		\$ -	\$ 190,000 \$ 190,000
2. Operating Expenditures			
a. Facility Cost		\$ -	\$ - \$ -
b. Other Operating Expenses		\$ -	\$ 12,189 \$ 12,189
c. Total Operating Expenses		\$ -	\$ 12,189 \$ 12,189
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	Early Childhood- Secure Families	\$ -	\$ 164,365 \$ 164,365
	Screening for 0-8 children	\$ -	\$ 110,000 \$ 110,000
	Depression and Anxiety Screening	\$ -	\$ 25,000 \$ 25,000
	Alcohol and Drug Early Intervention	\$ -	\$ 70,000 \$ 70,000
a. Total Subcontracts		\$ -	\$ 369,365 \$ 369,365
4. Total Proposed PEI Project Budget		\$ -	\$ 571,554 \$ 571,554
B. Revenues (list/itemize by fund source)			
		\$ -	\$ - \$ -
		\$ -	\$ - \$ -
		\$ -	\$ - \$ -
1. Total Revenue		\$ -	\$ - \$ -
5. Total Funding Requested for PEI Project		\$ -	\$ 571,554 \$ 571,554
6. Total In-Kind Contributions		\$ -	\$ - \$ -

Budget Narrative
Mental Health Services Act Prevention and Early Intervention Component
Increase Access to Mental Health Screening
FY 2007-08 and 2008-09

A. EXPENDITURES

1. Personnel. All of the recruitments will be conducted in accordance with County policy, and will stress the desire to hire staff that is linguistically and ethnically diverse. Total personnel costs amount to \$190,000. This amount is a sum of salaries and wages and benefits and taxes shown below.
 - a. Salaries and Wages. Costs for Salaries and wages amount to \$142,500. It includes costs for a 2.0 FTE Psychiatric Social Worker II.
 - i. The 2.0 FTE Psychiatric Social Worker will provide school based services for populations identified under the MHSA CSS community involvement process. .
 - b. Benefits and Taxes. Benefits are estimated at \$47,500 and include costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.
2. Operating Expenditures. Operating expenditures for this program are estimated at \$12,189 per year.
 - a. Facility Cost. Facility costs are estimated at \$4,988 per year for 2.0 FTE psychiatric social workers. The annual cost per FTE is estimated at \$2,494.
 - b. Other Operating Expenses. Operating expenditures are estimated at \$7,200 to cover costs of Internet access, e-mail, computer support, telephone, and enterprise allocation for 2.0 FTE. The annual cost per FTE is \$3,600.
3. Subcontracts/Professional Services. This category totals \$344,365.
 - a. Early Childhood-Secure Families \$164,365. This represents costs for mental health screening and assessment services to children ages 0-5. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.
 - b. Screening for 0-8 Children \$110,000. This represents the costs for provision of screening services to children ages 0-8. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.
 - c. Depression and Anxiety Screening \$25,000. This represents costs to coordinate and host four (4) community wide depression and anxiety screening events for transition age youth, adults, and older adults. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.
 - d. Alcohol and Drug Early Intervention \$70,000. This represents costs for a contract with a community based organization to provide alcohol and drug early intervention services to transition age youth and adults.

4. Total Proposed PEI budget. The overall expenditure level for this program is \$546,554.
- B. Revenues. No other revenues are anticipated for this program.
 1. Total Revenue. N/A
5. Total Funding Requested for PEI Project: \$571,554
6. Total In-Kind Contributions: No in-kind contributions are anticipated for this program.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name:	Monterey	Date:	5/1/08
PEI Project Name:	Increase Access to Prevention and Education		
Provider Name (if known):	County of Monterey		
Intended Provider Category:	County Agency		
Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09 3310
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09 2490
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09 820
Months of Operation:	FY 07-08	0	FY 08-09 12
Total Program/PEI Project Budget			
Proposed Expenses and Revenues		FY 07-08	FY 08-09 Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
	Psychiatric Social Worker (0.5 FTE) Family Support	\$ -	\$ 41,000 \$ 41,000
		\$ -	\$ - \$ -
		\$ -	\$ - \$ -
b. Benefits and Taxes @ %		\$ -	\$ 14,000 \$ 14,000
c. Total Personnel Expenditures		\$ -	\$ 55,000 \$ 55,000
2. Operating Expenditures			
a. Facility Cost		\$ -	\$ - \$ -
b. Other Operating Expenses		\$ -	\$ 3,047 \$ 3,047
c. Total Operating Expenses		\$ -	\$ 3,047 \$ 3,047
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	Multilingual Parenting	\$ -	\$ 146,981 \$ 146,981
	Promotores	\$ -	\$ 130,320 \$ 130,320
	Senior Peer Counseling		\$ 138,000 \$ 138,000
	Social Marketing		\$ 100,000 \$ 100,000
	Youth Diversion		\$ 50,000 \$ 50,000
	Pathways to Safety		\$ 150,000 \$ 150,000
	Promotores Expansion Specific to Seniors		\$ 40,000 \$ 40,000
	Network of Care		\$ 24,000 \$ 24,000
	Prevention Services for Native American Youth		\$ 85,000 \$ 85,000
		\$ -	\$ - \$ -
a. Total Subcontracts		\$ -	\$ 864,301 \$ 864,301
4. Total Proposed PEI Project Budget		\$ -	\$ 922,348 \$ 922,348
B. Revenues (list/itemize by fund source)			
		\$ -	\$ - \$ -
		\$ -	\$ - \$ -
		\$ -	\$ - \$ -
1. Total Revenue		\$ -	\$ - \$ -
5. Total Funding Requested for PEI Project		\$ -	\$ 922,348 \$ 922,348
6. Total In-Kind Contributions		\$ -	\$ - \$ -

Budget Narrative
Mental Health Services Act Prevention and Early Intervention Component
Prevention and Education Program
FY 2007-08 and 2008-09

A. EXPENDITURES

1. Personnel. All of the recruitments will be conducted in accordance with County policy, and will stress the desire to hire staff that is linguistically and ethnically diverse. Total personnel costs amount to \$55,000. This amount is a sum of salaries and wages and benefits and taxes shown below.
 - a. Salaries and Wages. Costs for Salaries and wages amount to \$41,000. It includes costs for a 0.50 Psychiatric Social Worker II
 - i. The 0.50 FTE Psychiatric Social Worker II will provide family support group services.
 - b. Benefits and Taxes. Benefits are estimated at \$14,000 and include costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.
2. Operating Expenditures. Operating expenditures for this program are estimated at \$3,047 per year.
 - a. Facility Cost. Facility costs are estimated at \$1,247 per year for a 0.5 FTE Psychiatric Social Worker.
 - b. Other Operating Expenses. Operating expenditures are estimated at \$1,800 to cover costs of Internet access, e-mail, computer support, telephone, and enterprise allocation for 0.5 FTE. The annual cost per FTE is \$3,600 and costs are pro-rated to half for this program.
3. Subcontracts/Professional Services. This category totals \$864,301.
 - a. Multilingual Parenting \$146,981. This represents educational services about mental health issues for multilingual parents offered by a local community organization.
 - b. Promotores De Salud \$130,320. This represents the costs for a contract with a local community based organization for the provision of training by Promotores de Salud to consumers in their own neighborhood or place of work.
 - c. Senior Peer Counseling \$138,000. This represents costs for a contract with a community based organization to provide peer counseling services to Monterey County seniors with mental health needs.
 - d. Social Marketing \$100,000. This represents the costs for a contract with a social marketing firm to help Monterey County develop a social marketing plan to reach underserved populations.
 - e. Youth Diversion Program \$50,000. This represents costs for a contract with a local community organization to provide counseling services in partnership with local law enforcement and schools.
 - f. Pathways to Safety \$150,000. This represents costs for the development and implementation of phase 2 of Differential Response, also known as Pathways to Safety. Services provided will include outreach and

engagement activities to identified families with children whose child abuse reports are deemed to be without substantiated abuse, and instead have dire needs for mental health services.

- g. Promotores de Salud Expansion for Seniors \$40,000. This represents an expansion of a contract mentioned in item b above. The training would be specific to seniors.
 - h. Network of Care \$24,000. This represents costs for a contract with the Trilogy Integrated Resources, LLC for the maintenance of the Network of Care website.
 - i. Prevention Services for Native American Youth \$85,000. This represents costs for a contract with a local community based organization for provision of alternative prevention and early intervention services specifically developed to address the mental health needs of Native American youth.
4. Total Proposed PEI budget. The overall expenditure level for this program is \$922,348.
- B. Revenues. No other revenues are anticipated for this program.
- 1. Total Revenue. N/A
5. Total Funding Requested for PEI Project: \$922,348
6. Total In-Kind Contributions: No in-kind contributions are anticipated for this program.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Monterey

Date: 5/1/08

PEI Project Name: Increase Access to Social Support Services

Provider Name (if known): County of Monterey

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 501

Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 381

Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 120

Months of Operation: FY 07-08 0 FY 08-09 12

Total Program/PEI Project Budget

Proposed Expenses and Revenues

FY 07-08 FY 08-09 Total

A. Expenditure

1. Personnel (list classifications and FTEs)

a. Salaries, Wages

Social Worker III (4 FTE) AVANZA/Peer to Peer \$ - \$ 240,000 \$ 240,000

Psychiatrist (0.25 FTE) \$ - \$ 52,725 \$ 52,725

\$ - \$ - \$ -

b. Benefits and Taxes @ % \$ - \$ 103,032 \$ 103,032

c. Total Personnel Expenditures \$ - \$ 395,757 \$ 395,757

2. Operating Expenditures

a. Facility Cost \$ - \$ - \$ -

b. Other Operating Expenses \$ - \$ 25,901 \$ 25,901

c. Total Operating Expenses \$ - \$ 25,901 \$ 25,901

3. Subcontracts/Professional Services (list/itemize all subcontracts)

Transition Age Youth Wellnes Center \$ - \$ 231,734 \$ 231,734

Adult Wellness Center \$ - \$ 258,502 \$ 258,502

Child Advocacy Program \$ - \$ 60,000 \$ 60,000

Warm Line \$ - \$ 82,000 \$ 82,000

Critical Incident Debriefing \$ - \$ 5,500 \$ 5,500

Emotions and Schizophrenia groups \$ - \$ 10,000 \$ 10,000

\$ - \$ - \$ -

\$ - \$ - \$ -

a. Total Subcontracts \$ - \$ 647,736 \$ 647,736

4. Total Proposed PEI Project Budget \$ - \$ 1,069,394 \$ 1,069,394

B. Revenues (list/itemize by fund source)

\$ - \$ - \$ -

\$ - \$ - \$ -

\$ - \$ - \$ -

1. Total Revenue \$ - \$ - \$ -

5. Total Funding Requested for PEI Project \$ - \$ 1,069,394 \$ 1,069,394

6. Total In-Kind Contributions \$ - \$ - \$ -

Budget Narrative
Mental Health Services Act Prevention and Early Intervention Component
Increase Access to Social Support Services
FY 2007-08 and 2008-09

A. EXPENDITURES

1. Personnel. All of the recruitments will be conducted in accordance with County policy, and will stress the desire to hire staff that is linguistically and ethnically diverse. Total personnel costs amount to \$395,757. This amount is a sum of salaries and wages and benefits and taxes shown below.
 - a. Salaries and Wages. Costs for Salaries and wages amount to \$292,725. It includes costs for a 4 FTE Social Worker III at \$240,000 and 0.25 Psychiatrist at \$52,725.
 - i. 2 FTE Social Workers will provide services to transition age youth as an expansion of the AVANZA program by conducting outreach and engagement activities as well as providing direct social support and mental health services.
 - ii. 2 FTE Social Workers will provide services in partnership with other consumers in the development and implementation of the Peer to Peer Counseling program.
 - b. Benefits and Taxes. Benefits are estimated at \$103,032 and include costs for P.E.R.S., social security, pre-tax flex plan, post-tax flex plan, and life insurance.
2. Operating Expenditures. Operating expenditures for this program are estimated at \$25,901 per year.
 - a. Facility Cost. Facility costs are estimated at \$10,600.56 per year for 4.25 FTE. The annual cost per FTE is estimated at \$2,494 and is prorated according to the number of FTEs in this program.
 - b. Other Operating Expenses. Operating expenditures are estimated at \$15,300 to cover costs of Internet access, e-mail, computer support, telephone, and enterprise allocation for 4.25 FTE. The annual cost per FTE is \$3,600 is pro-rated to cover 4.25 FTE in this program.
3. Subcontracts/Professional Services. This category totals \$672,736.
 - a. Transition Age Youth Wellness Center \$231,734. This represents the partial costs for the operation of a Youth Wellness Center. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.
 - b. Adult Wellness Center \$258,502. This represents the costs of a contract with a local community based organization for the ongoing operations of a Wellness Center. The contract is currently in place as established under MHSA CSS and is now being allocated under MHSA PEI to align the goals of the wellness center with the intentions of the MHSA PEI component.
 - c. Child Advocacy Program \$60,000. This represents the costs for a contract to provide services to the un-served and underserved

populations by providing social support services and referrals to mental health services.

- d. Warm Line \$82,000. This represents the costs for a contract with a local community based organization for a warm line which will provide consumers and family members with a 24 hour telephone service providing social support and referrals information.
 - e. Critical Incident Debriefing \$5,500. This represents costs for a contract to provide immediate services at or near the site of a critical incident with the intention of alleviating the short term and long term impact of trauma. The costs are anticipated to be part of a contract but the County may elect to provide these services at its discretion.
 - f. Emotions and Schizophrenia groups \$10,000. This represents the costs for a contract with a local community based organization to run emotions and schizophrenia anonymous groups for adults and older adults.
4. Total Proposed PEI budget. The overall expenditure level for this program is \$1,069,394.
- B. Revenues. No other revenues are anticipated for this program.
- 1. Total Revenue. N/A
5. Total Funding Requested for PEI Project: \$1,069,394.
6. Total In-Kind Contributions: No in-kind contributions are anticipated for this program.

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

County: Monterey County

Date: May 1, 2008

- ☐ Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.

PEI Project Name:

1. a. Identify the programs (from Form No. 3 PEI Project Summary), the county will evaluate and report on to the State.
Monterey County will evaluate the project titled *Increase Access to Social Support Services*, and its eight associated programs.

The *Increase Access to Social Support Services* project addresses needs and priorities that were identified in the PEI community planning process by increasing opportunities to link, unserved, underserved, and stigmatized residents with an array of prevention and early intervention services.

Programs in this project provide various, alternative portals of entry to services and supports for consumers who may not be willing to enter the mental health system in a direct manner. A variety of non-traditional entry portals such as homes, schools, neighborhoods, and community organizations were consistently identified in the public input process as an effective means of reaching vulnerable populations and linking them with mental health, behavioral health, wellness, and supportive services.

The following eight programs comprise *the Increase Access to Social Support Services* project:

1. Adult Wellness Learning Center – wellness promotion through peer support groups, education, and healing activities focused on empowerment and alternative approaches to healing and recovery.
2. Child Advocate Program - home visits, social and emotional development screening, emergency assistance, and referrals to ensure that a wide range of community resources are utilized to fulfill basic needs.
3. Avanza Program - assist, nurture, and empower youth and young adults to make successful decisions as they transition into adulthood with comprehensive interventions in the areas of employment, independent living skills, and personal functioning.

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

4. Peer to Peer Counseling - a free, safe, and effective self-help network of support for those experiencing a crisis or symptoms of serious mental illness or serious emotional disturbance to encourage expression of feelings and emotions and reduce psychiatric symptoms.
5. Community Warm Line - a place for individuals, consumers, or family members to call when feeling isolated, in need of support, or wanting to learn about recovery skills.
6. Emotions Anonymous/Schizophrenia Anonymous - a warm and accepting weekly support group opportunity for individuals to share experiences without fear of criticism, that provides support for each other, develops leadership skills, and helps improve emotional health.
7. Critical Incident Debriefing – trauma, loss, and grief counseling to prevent serious psychiatric symptoms or serious emotional disturbance resulting from experiencing/witnessing violence or other traumatic events.
8. TAY Wellness Center – youth wellness and resiliency services that include, supportive employment services, social enterprises, and vocational options for young people in a self-help, peer supported setting that links to recreation and social activities to support wellness.

1. b. Explain how this PEI project and its programs were selected for local evaluation.

The project was chosen to be evaluated from other PEI programs because it:

- Provides an array of alternative and nontraditional portals of entry to supportive services programs to consumers who may be uncomfortable with or otherwise avoid availing themselves to traditional mental health services.
- Addresses the needs of children and youth, TAY, adults, and older adults with stress, trauma, and onset of SMI and/or SED.
- Works to avoid and/or lessen the impacts of SED, thereby and providing a more stable base for maintaining healthy lives.
- Provides early intervention strategies that are based on individual needs, strengths, and resiliencies through the encouragement of wellness, personal empowerment, and growth.
- Through referrals, links supportive services programs to a network of other mental and emotional health services for SMI and SED.

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

2. What are the expected person/family-level and program/system-level outcomes for each program?

Program	Personal/Family Outcomes	Program/System Outcomes
Adult Wellness Learning Center	Adult consumers obtain self-help, self-advocacy, leadership, collaboration, organizational, and mentoring skills.	Mental Health System experiences stronger links to related social service agencies and systems. Resources are leveraged through in-kind contributions and partner funds. Stigma reduction will occur through cultural social marketing efforts.
Child Advocate Program	Children and youth consumers have a more stable family environment through the reduction of child abuse and other domestic violence. Parents will have skills to become capable and nurturing caregivers.	Mental Health System is strengthened through the program's working relationships established between 13 community providers. Resources are leveraged through in-kind contributions and partner funds. Stigma reduction will occur through cultural social marketing efforts. Cultural competency will increase through workforce education and training efforts.
Avanza Program	TAY consumers feel competent, supportive, and supported in these areas: <ul style="list-style-type: none"> • Education and Activities • Employment • Living situation/housing • Personal communication skills • Community engagement 	The Avanza Program complements the services provided by other programs in the Mental Health System by providing opportunities for increasing resiliency in program participants. Resources are leveraged through in-kind contributions and partner funds. Stigma reduction will occur through culturally-appropriate and youth-guided social marketing efforts. Cultural competency will increase through workforce education and training efforts. Referrals will be made to Transitional Housing.
Peer to Peer Counseling	Adult consumers can constructively express feelings and emotions in a self-help manner, and experience a reduction of psychiatric symptoms.	The Program and Mental Health System are strengthened through collaborative service provider partnerships. Resources are leveraged through in-kind contributions and partner funds.

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Program	Personal/Family Outcomes	Program/System Outcomes
Community Warm Line	Callers will feel listened to, supported, and connected to individuals and additional services and programs as needed.	The Warm Line generates increased referrals to other services and programs in the Mental Health System. Resources are leveraged through in-kind contributions and partner funds. Stigma reduction will occur through culturally-appropriate and consumer-guided social marketing efforts. Cultural competency will increase through workforce education and training efforts.
Emotions/Schizophrenia Anonymous	Adult and Older Adult consumers can constructively express feelings and emotions in a self-help manner, and experience a reduction of psychiatric symptoms. Consumers obtain leadership and self-help skills.	Mental Health System is strengthened through collaborative service provider partnerships. Resources are leveraged through in-kind contributions and partner funds. Stigma reduction will occur through culturally-appropriate social marketing efforts. Cultural competency will increase through workforce education and training efforts.
Critical Incident Debriefing	Persons who witness or are involved in violent and traumatic events receive timely emotional and mental health services to manage their mental or emotional distress.	Mental Health System is strengthened through partnerships with collaborative partners. Resources are leveraged through in-kind contributions and partner funds. Cultural competency will increase through workforce education and training efforts.
TAY Wellness Center	TAY consumers will obtain vocational and basic life skills, plus skills in self-help, peer support, leadership, and community collaboration.	Mental Health System experiences stronger links to related social service agencies and systems, and resources are leveraged through in-kind contributions and partner funds. Resources are leveraged through in-kind contributions and partner funds. Stigma reduction will occur through cultural ly-appropriate and youth-guided social marketing efforts. Cultural competency will increase through workforce education and training efforts.

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3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For “other”, provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

Below are the population demographics for five of the eight programs that comprise the *Increase Access to Social Support Services* project. The remaining three programs are in development, and population demographics for those programs are therefore not yet available.

PERSONS TO RECEIVE INTERVENTION: *Adult Wellness Center*

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American	17						
Asian Pacific Islander	15						
Latino	141						
Native American	3						
Caucasian	121						
Other (Indicate if possible)	84						
AGE GROUPS							
Children & Youth (0-17)							
Transition Age Youth (16-25)							
Adult (18-59)	165						
Older Adult (>60)	48						
TOTAL	381						
Total PEI project estimated <i>unduplicated</i> count of individuals to be served: 381							

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

PERSONS TO RECEIVE INTERVENTION: *Child Advocacy Program*

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American							
Asian Pacific Islander							
Latino			94				
Native American							
Caucasian			3				
Other (Indicate if possible)			3				
AGE GROUPS							
Children & Youth (0-17)			100				
Transition Age Youth (16-25)							
Adult (18-59)			129				
Older Adult (>60)							
TOTAL			229				
Total PEI project estimated <i>unduplicated</i> count of individuals to be served: 229							

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PERSONS TO RECEIVE INTERVENTION: *Avanza Program*

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American	2	1	3	3	2	1	3
Asian Pacific Islander	2	2	2	2			2
Latino	32	4	35	22	26	18	35
Native American							
Caucasian	9	2	10	7	5	4	10
Other (Indicate if possible)	4	1	5	3	1	1	1
AGE GROUPS							
Children & Youth (0-17)							
Transition Age Youth (16-25)	49	10	55	47	34	24	55
Adult (18-59)							
Older Adult (>60)							
TOTAL	49	10	55	47	34	24	55
Total PEI project estimated <i>unduplicated</i> count of individuals to be served: 55							

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PERSONS TO RECEIVE INTERVENTION: *Critical Incident Debriefing*

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American	4						
Asian Pacific Islander	6						
Latino	52						
Native American	1						
Caucasian	35						
Other (Indicate if possible)	2						
AGE GROUPS							
Children & Youth (0-17)	44						
Transition Age Youth (16-25)	22						
Adult (18-59)	30						
Older Adult (>60)	3						
TOTAL	100						
Total PEI project estimated <i>unduplicated</i> count of individuals to be served: 100							

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PERSONS TO RECEIVE INTERVENTION: *TAY Wellness Center*

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American	2	1	3	2	3	1	3
Asian Pacific Islander	1	1	2	1		1	2
Latino	30	7	35	30	22	20	35
Native American							
Caucasian	8	2	10	8	5	1	10
Other (Indicate if possible)							
AGE GROUPS							
Children & Youth (0-17)							
Transition Age Youth (16-25)	41	11	55	41	30	23	50
Adult (18-59)							
Older Adult (>60)							
TOTAL	41	11	55	41	30	23	50
Total PEI project estimated <i>unduplicated</i> count of individuals to be served: 50							

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4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?

Of the eight programs comprising the *Increase Access to Social Support Services* project, only four are developed and operational at this time. The remaining four are in the initial concept stage. One operational program – Avanza – is underway and the evaluation design is in progress:

Avanza Program Evaluation Design

A primary evaluation tool that is under consideration is the Multi-Sources Method evaluation tool adapted from the National Center on Youth Transition Toolbox Resources. This case study assessment measures the consumer's transition progress in the areas of strengths, needs, transition planning, use of provided supports and services, gaps in supports and services received, self-perceived effectiveness, and satisfaction across these domains:

- Instructional
- Training/employment
- Post-school adult living
- Daily living skills
- Medical
- Other related domains, including social, mental health, legal, and interpreter services, academic supports, and family counseling.

The program will be measured for fidelity with the TIP System Guidelines, the effectiveness of coordination and collaboration of services for each case (or sample of cases), and consumer demographics.

Other Program Evaluation Designs

Our PEI program evaluation plans will be designed with a strategic, inclusive, and utilization-oriented focus. We are using the following evidence-based core values as guidance in our PEI program evaluation designs:

1. Evaluation is best when it provides continuous and ongoing information that is useful to making decisions and meeting overall objectives.
2. Evaluation produces the best results when both quantitative and qualitative techniques are used.
3. Because of their intimate involvement with program objectives and operations, program manager and staff participation is invaluable to the evaluation process and analysis. We will also incorporate opportunities

LOCAL EVALUATION OF A PEI PROJECT (Form No. 7)

- for consumer, youth and family member participation in the program evaluation process.
4. Each evaluation methodology will be based on the unique characteristics of the program.
 5. Program evaluation should be practical and cost effective, and should be designed at the program's inception as a component of work to be done in the course of routine program activities.

Our evaluation plans for *Increase Access to Social Support Services* programs that currently exist are under development. For those programs (and eventually, for the programs that are conceptual at this time) we will design evaluation plans using logic models to answer basic programmatic questions such as:

- What specific objectives and outcomes do we want to see for the program and its participants?
- Are our program activities appropriate for the results we want to achieve?
- What resources do we need to get to achieve our objectives? How can we incorporate collaborations and partnerships?
- What indicators will provide us with appropriate measures of program fidelity and progress toward intended outcomes?
- What indicators will inform us of consumer opinions? Can we use existing survey instruments (such as the Client Satisfaction Surveys), or do we need to create a new instrument and methodology?
- What existing baseline data and databases are available? Can we utilize existing data collection systems to inform us of the program's performance?
- What evidence will show us how far we've progressed toward reaching our goals?

The evaluation plan for each program will include a participant demographic profile to assure fidelity with our populations of focus. We foresee assessing individual-level outcomes with an appropriate sample of program participants through means that are appropriate for each program (i.e. chart reviews of referral, diagnostic, key event, and/or discharge codes, pre and post testing, etc.).

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At this time we anticipate assessing program data biannually, and producing an analytical report annually. Annual reports will eventually provide snapshot and longitudinal data results that we anticipate will provide the basis of program refinements that may appear to be needed.

5. How will data be collected and analyzed?

Avanza Program Data Collection and Analysis

The data will be collected on a consistent, routine basis utilizing tools (as described above) in case study and consumer interview protocols that measure progress against the consumer's Success and Services plans, which the consumer and transition facilitator (case manager) create in collaboration. Data analysis will likely utilize statistical analysis and spreadsheet software. Specific data collection and analysis procedures are under development. Data analysis and reporting will be conducted by an external evaluator with input from program staff. Additional detail will be specified as the evaluation plan is further developed.

Other Program Data Collection and Analysis

Data collection activities will be collaboratively developed by program managers, staff, partner organizations (for those programs likely to be provided via contract with local community based organizations), and in-house evaluation staff or external evaluation consultants. Indicators, measures, tools, and methods will be specified and organized in a logic model format to assure that data collection activities are linked to objectives and goals. Data analysis and reporting will be conducted by internal or external evaluators with input from program staff. Additional detail will be specified as program evaluation plans are further developed.

6. How will cultural competency be incorporated into the programs and the evaluation?

Avanza Program Cultural Competency

Avanza strategies are designed to engage youth in active, visible mentorship and leadership roles that focus on developing cultural pride, identity, and self-esteem. Current staffing for Avanza includes: One bi-lingual Master's level therapist, four bi-lingual case managers or Transition Facilitators, and a clinical supervisor.

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Additional staffing is provided from the MHSA to expand capacity and includes an additional Master's level therapist and a bi-lingual case manager/TF.

Cultural competence in the Avanza program will further benefit from efforts currently in progress and described below.

Other Program Cultural Competency

Two important efforts are underway that will strengthen the cultural competence of PEI programs:

- In 2007 Monterey County Behavioral Health organized a standing Cultural Competency Workgroup to suggest, monitor, and evaluate the delivery of MHSA services in a culturally and linguistically competent manner. The Workgroup participated in a study of its organizational cultural competence (conducted by Martinez, Lopez, and Mock) as part of its commitment to the availability of culturally relevant mental health services, and is currently participating in a national Cultural Competence Practices study conducted by the University of Southern Florida in which logic models are being used to determine short and long-term objectives for increasing cultural competence.
- Monterey County's MHSA Workforce Education and Training (WET) Plan outlines strategies that may integrate with PEI programs to assist consumers and family member with skills development and peer supports. These linkages are currently under exploration. WET is also engaged in developing staff clinical competencies, which is expected to be useful to program managers and staff as programs develop and grow.

We plan to design all new PEI program services to reflect Monterey County race/ethnic, linguistic, and cultural demographics. Existing programs are being assessed to determine ways in which cultural competence in program services, delivery, staff, and measures can be enhanced. A large part of our indication of cultural competence will be measured via consumer opinion and community stakeholder feedback. Among other tools, we anticipate relying on the California Mental Health Department's Consumer Perception Survey as it provides us with longitudinal data against which we will be able to measure ongoing progress.

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7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

Avanza Program Fidelity

Dr. Dorthy Lebron, an external evaluation consultant under contract with Monterey County, is working in collaboration with Avanza program staff and other stakeholders in leading the process for designing the program evaluation. She will help assure program fidelity in a number of ways:

- Dr. Lebron has been involved in the Avanza program since its inception, having provided research and evaluation services for La Familia Sana/The Healthy Family, a federal system of care grant initiative which provided the initial funding to plan and implement the Avanza program.
- Dr. Lebron uses logic modeling, total quality management tools, implementation tracking tools that are recommended by SAMHSA and others, and other mechanisms that measure program process and outcomes to assure that essential program elements are carried out in accord to original program designs.
- Dr. Lebron's fidelity strategies include directing the program toward evidence-based practices and written guidelines, proven measurement instruments, articulation with essential program elements, periodic consultation with program staff to assess program changes, and assistance with plans to address program setbacks or needed modifications.

Other Program Fidelity

Program fidelity indicators and measures will be specified during the evaluation plan design with the use of a logic model for each of the other programs in this PEI project. Fidelity measures will be developed collaboratively by program managers and internal or external evaluators. In cases in which program delivery is contracted externally, those program provider management and staff will participate as well. At this time we anticipate collecting program fidelity data biannually, and producing an analytical report annually. Annual reports will eventually provide snapshot and longitudinal data results that we anticipate will provide the basis of program refinements that may appear to be needed.

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8. How will the report on the evaluation be disseminated to interested local constituencies?

Avanza Evaluation Dissemination

At this time we plan to disseminate Avanza evaluation findings via an annual comprehensive report, summary report, and periodic newsletter articles.

Documents will be distributed in English and Spanish and made available on the county's MHSA website for broader dissemination.

Our external evaluator and program staff, working with our social marketing consultant, will produce a family and youth-friendly comprehensive report consisting of table of contents, executive summary, program description, baseline and progress data analysis in graphic format, narrative description, and outlook/next steps. The focus areas highlighted in the summary reports and newsletter articles will be determined in a collaboration of Avanza consumers and staff.

A probable evaluation dissemination plan appears in the matrix below:

Evaluation Dissemination Plan	Summary Report	Full Comprehensive Report	Newsletter Articles
Avanza consumers and family members	X		x
Avanza providers and program staff		X	X
MHSA Evaluation Workgroup		X	
Monterey County Children's Behavioral Health leadership		X	
MHSA Transformation Team members	X		
Monterey County Mental Health Commission, Board of Supervisors and CAO's Office	X		
Posted on Website	X		X

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Other Program Evaluation Dissemination

The essential purpose of PEI evaluation is to learn the extent of progress toward the intended goals, to apply what is learned in ways that will improve service effectiveness, efficiency, and equity, and to share what has been learned with others. The dissemination of evaluation findings with program managers, partners, and consumers is instrumental to achieving this purpose.

For other programs of the *Increase Access to Social Support Services Project*, we will consider using communication vehicles as appropriate to the program services and the audiences who will receive the evaluation data. Below is an evaluation matrix that we have found to be helpful in making dissemination decisions.

Evaluation Findings Dissemination	Full Report	Executive Summary	PowerPoint	Fact Sheet
Audiences	Funders and Managers looking for program details	Elected Officials, and Stakeholders looking for a quick read of findings	In-person presentations to general audiences	General audiences
Purpose/Use	Full status report for in-depth use, such as program expansion or replication; grant applications	Quick read of key findings; intended to be used with full report	Convey main points from Executive Summary to large audiences at meetings & conferences	Quick release of data to generate further interest
Format	Printed copies, Website, PDF	Usually within the full report, but can be printed separately; Website, PDF.	Electronic, Website, use at public presentations	8.5x11" paper copies or two-fold brochure
Special Concerns	Lengthy, detailed report which few read in its entirety	Transportable and easy to read; possible over-generalization	Not all findings presented; Selective audiences	Transportable and easy to read; simplicity may result in misinterpretation

Source: Lawrenz, F., Gullickson, A., Toal, S. Dissemination: Handmaiden to evaluation use. *American Journal of Evaluation*. 2007: Vol 28 No 3:275-289.

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND
EXPENDITURE PLAN FACE SHEET**

Form No. 1

**MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Years 2007-08 and 2008-09**

County Name: County of Monterey

Date: 5/1/08

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
Name: Wayne Clark, PhD	Name: Rosemary Soto
Telephone Number: 831-755-4509	Telephone Number: 831-755-4581
Fax Number: 831-755-4980	Fax Number: 831-424-9808
E-mail: clarkww@co.monterey.ca.us	E-mail: sotoryl@co.monterey.ca.us
Mailing Address: 1270 Natividad Road Room 200, Salinas, CA. 93906	

AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature _____

County Mental Health Director

Date

Executed at _____, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages)

County: **Monterey County**

Date: **May 1, 2008**

1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

a. The overall Community Program Planning Process:

The following positions assumed responsibilities in the overall planning process:

Wayne Clark, Director

Alica Hendricks, Management Analyst, MHSA Coordinator

Rosemary Soto, Senior Health Educator, PEI Coordinator

b. Coordination and management of the Community Program Planning Process

Rosemary Soto, Senior Health Educator, PEI Coordinator

Patricia Zerounian, Research Analyst, Epidemiology

Linda Sanchez, Consultant

c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process

Rosemary Soto, Senior Health Educator, PEI Coordinator

Linda Sanchez, Consultant

Kyle Titus, Deputy Director, Adult Services

Sid Smith, Deputy Director, Children Services

2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):

a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations

The PEI Coordinator established a work group to assist in the planning process by providing recommendations for identifying priority community needs relative to Monterey County. The work group consists of individuals representing community based organizations and community groups which either serves or represents un-served and/or underserved populations, consumers, youth and family members, and county staff. Reports of the work group's progress were presented to the MHSA Transformation Team, which was formed at the beginning of the CSS community planning process and meets monthly to assist the Director and

other key staff in the planning and implementation of all MHSA components.

- b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language.

Monterey's planning process for the implementation of the MHSA began in the spring of 2005. The process involved over 1,800 participants in 77 meetings, including Behavioral Health Services staff, consumers, and youth and family members. The PEI planning process began in October of 2007 with the PEI Coordinator organizing more than 20 community forums with various groups ranging from community based organizations along with consumers, youth, family members, concerned community members and professionals. The groups represented the four regions of Monterey County: South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds including, Latino, African-American, Asian American, Native American and monolingual Spanish speaking populations. The PEI Coordinator also attended meetings regularly convened by various community groups to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input.

The statements of need derived from the community input process which occurred in 2005 were reiterated and confirmed in the community input process which began in fall of 2007. Input from both efforts were considered and integrated into the final draft plan.

- d. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.

The PEI Coordinator held open forums and discussions with groups of individuals who are currently receiving mental health services for serious mental illness and/or serious emotional disturbance. For example; a forum was held with the consumers of the OMNI Wellness Center, a consumer-run program which offers wellness and recovery support services to adults with serious mental illness. A similar forum was also held with the Family Advisory Council which consists of family members of children and youth with serious mental illness and/or serious emotional disturbance. Each group had the opportunity to share their experiences and discuss mental health needs as well as provide ideas for programs, projects or services that will help meet those needs.

3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

- a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:
- Individuals with serious mental illness and/or serious emotional disturbance and/or their families
 - Providers of mental health and/or related services such as physical health care and/or social services
 - Educators and/or representatives of education
 - Representatives of law enforcement
 - Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families

The participation of stakeholders included representatives of the following groups:

- MHSA Study Group (mental health consumers)
- Family Advisory Council (family members of mental health consumers)
- Youth Advisory Council (TAY mental health consumers)
- Domestic Violence Service Providers (provide services to the trauma-exposed)
- Domestic Violence Coordinating Council (consists of law enforcement agencies, probation department, district attorney's office, county court, service providers, medical service providers, and child protective services.)
- Senior Collaborative: Area Agency on Aging, Alliance on Aging, Meals On Wheels of Monterey, Legal Services for Seniors
- Monterey County Rape Crisis Center
- Monterey County District Attorney's Office
- Youth Partnership
- Department of Social and Employment Services
- First 5 Monterey County
- Door To Hope
- Community Human Services
- Community Partnership for Youth
- Victim Offender Reconciliation Program
- Monterey County Children's Council

- Alzheimer's Association Northern California
- Community Action Partnership, North Monterey County Collaborative
- Monterey County Office of Education
- Pacific Grove Unified School District
- Monterey Peninsula Unified School District
- Salinas Adult School
- Gonzales Unified School District
- Greenfield Union School District
- Alisal Unified School District
- Salinas Union High School District
- Pajaro Valley Unified School District
- Monterey Peninsula Unified School District
- Sun Street Centers
- Partners for Peace
- Central Coast Center for Independent Living
- Family Service Agency, Suicide Prevention
- OMNI Resource Center
- African American Community Group (concerned leaders and other community members)
- Shelter Outreach Plus
- Kinship Center
- Pajaro Valley Prevention and Student Assistance, Inc.

- b. Training for county staff and stakeholders participating in the Community Program Planning Process.

The Education Development Center, Inc. provided training for PEI staff as well as the Monterey County Office of Education and school personnel on building collaboration between mental health and schools.

On the job training was provided to the PEI Coordinator on the MHSA PEI guidelines

4. Provide a summary of the effectiveness of the process by addressing the following aspects:

- a. The lessons learned from the CSS process and how these were applied in the PEI process.

We learned from the CSS community planning process that discussion forums needed to be held with a more concentrated focus on prevention and early intervention. We also made concerted effort to reach out to community groups which may have not had the opportunity to voice their needs during the first

community input process. Through the PEI community input process we gained the opportunity to reinforce common themes concerning community needs and we identified our communities' areas of strengths and weaknesses, which provided a foundation upon which we built our plan.

We also learned that the planning process needed to take on a more comprehensive approach with sufficient time for the community to become involved, allowing for community input to be highly regarded and included in each strategy, project and program. This approach also provided an educational opportunity for the community at large to easily grasp a clear understanding of the PEI plan guidelines and principles.

- b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.

The diversity of the PEI workgroup is evidence of the inclusive manner in which the community was invited to participate in the planning process. The list of forums held with various community groups also speaks to the effectiveness of the community planning process, which ensures that mental health needs concerning all priority populations were considered.

5. Provide the following information about the required county public hearing:

- a. The date of the public hearing:
The public hearing will be held on April 24, 2008 at the County Mental Health Commission's meeting.
- b. A description of how the PEI Component of the Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties who requested it.

The PEI component was circulated to representatives of community stakeholder interests via email, posted on the Monterey County MHSA website for thirty days in English and Spanish, and a notice was posted in the 2 largest county wide newspapers.

- c. A summary and analysis of any substantive recommendations for revisions.

Recommendations received were carefully reviewed and analyzed. The following substantive revision was made: "Equine Facilitated Therapy" was changed to "Prevention Services for Native American Youth". This change was made due to the very limited types of services available in Monterey County that

is specific to the needs of the Native American population. While equine facilitated therapy would be an alternative method of service we do not want to limit the type of services that may be beneficial to the Native American population in the area of prevention and therefore will be requesting proposals from prospective service providers which will assist us to refine the program.

For a summary of the public comments/recommendations for revision received during the Public Comment period and at the Public Hearing, please see ****Attachment A****.

d. The estimated number of participants:

As of April 24, 2008 the estimated number of participants in the community planning process is 175 individuals.

Note: County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSA Revenue and Expenditure Report.

County of Monterey
Mental Health Services Act (MHSA)
Prevention and Early Intervention (PEI) Component
DRAFT PLAN

Public Comments Received during 30 Day Public Comment Period, March 24, 2008 – April 22, 2008

This document, prepared in advance of the Public Hearing convened by the Monterey County Mental Health Commission, is a compilation of all of the comments (written and verbal) received during the 30-day Public Comment Period.

Reading from left to right: the first column contains the section of the plan referenced in the comments, the second column identifies the source of the comment, the third column provides the public comment, and the fourth column provides the response and the proposed revisions that will be incorporated into the final version submitted to the State Department of Mental Health.

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
Project: Increase Access to Social Supports Programs: Peer to Peer Counseling, Emotions Anonymous/Schizophrenia Anonymous Project: Increase Access to Mental Health Services Program: System Navigator Program, Community Warm Line,	Consumer	1. "Very exciting progressive programs for Adult Consumers. Happy to see a warm line program, support groups for trauma, schizophrenia, and consumers to assist in system navigation. As a consumer, these programs would be very beneficial to this county" 2. Would like to see more progressive programs for adult consumers in art and music to assist in reducing stress by providing positive creative outlets for expressions (anger, trauma, joy, etc.). More involvement in music and arts – peer to peer.	Community support of the initial PEI draft plan is greatly appreciated. The PEI draft plan was built upon the community input process which spoke to the mental health needs in Monterey County. This is the initial PEI draft plan which will fund services for one year (fiscal year 2008-2009), we anticipate additional funding in the coming years for which we will conduct a second community planning process. Consideration for funding of additional programs will take place at that time.
Project: Increase Access to Mental Health Screening Program: School Based Counseling for children ages 5-12	Education, North Monterey County Unified School District	"We would like to see North County schools represented in services for 'school-based counseling for children ages 5-12. Currently no services at the school sites are provided through this funding."	The selection process for the school sites where the School Based Counseling program expansion will be implemented is currently underway.
Project: Increase Access to Mental Health Screening Program: School Based Counseling for children ages 5-12	Monterey County Behavioral Health Staff	I would only suggest that the word 'counseling' in the school based description be changed to 'therapy'.	The request for a name change to appropriately describe the program is being considered.

Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Volunteer for Suicide and Crisis Hotline	<p>"To provide war veterans experiencing PTSD a listening and compassionate ear. To enable a safe space for anyone in need or who wants to talk about frightening, embarrassing or controversial issues.</p> <p>"I believe it's an excellent initiative that Santa Cruz and Monterey County should adopt. It will help our organization provide the best and most far reaching aid to people in our community."</p>	<p>Community support of the initial PEI draft plan is greatly appreciated. The PEI draft plan was built upon the community input process which spoke to the mental health needs in Monterey County.</p> <p>Our intention is to support programs and services that will best serve communities and populations as indicated in the state issued PEI planning guidelines. The initial PEI draft plan serves the purpose of providing an appropriate reflection of the community planning and input process.</p>
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Navy Safety Officer	<ul style="list-style-type: none"> • "A dramatic expansion in outreach to at-risk populations including youth and young adults (ages eleven through twenty-four)" • "The addition of two new positions dedicated to increasing suicide awareness through community education." • "The opening of an office in Salinas to more directly serve the residents of Monterey County." • "The addition of one new position to support the training and retention of suicide crisis line volunteers." • "Additional hours to target colleges, businesses, and organizations to provide suicide prevention and awareness of the warning signs." <p>"The plan does not provide nearly enough funding for what is really needed. I believe the full \$165,000 should be funded if not more. Please do the right thing. Thanks."</p>	<p>Community support of the initial PEI draft plan is greatly appreciated. The PEI draft plan was built upon the community input process which spoke to the mental health needs in Monterey County.</p> <p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>

Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Consumer, Family Member, and Service Provider/Contractor	<p>"My husband took his life six years ago. I do not know what I would have done without the support of the LOSS group provided by Suicide Prevention Services. To help ensure that Suicide Prevention Service will be able to continue offering vital, life-supporting services we need more funding that he Draft Plan provides. Our agency has been providing the majority of suicide prevention and intervention for all Monterey County residents for the past 40 years. Though we currently reach thousands of individuals and groups in Monterey County each year, there are many members of our community who have yet to learn about and have access to our essential resources.</p>	<p>We acknowledge the valuable service provided by Suicide Prevention Services and our intention is to continue supporting programs which provide such positive impact in our communities.</p> <p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Educator	<p>"It is very important to me as a teacher to have the educational outreach."</p>	<p>Education and outreach is the key to prevention. Programs which provide both education and outreach were highly considered during the community planning process for the PEI draft plan.</p>
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Education, Law Enforcement/Criminal Justice System	<p>"Although the draft plan does allocate \$87,000 to suicide prevention, this allocation should and must be modified to fully fund the suicide prevention service program. This is the only program that provides specific suicide prevention and outreach. The Monterey County legal community has directly benefited from the educational programs provided by the suicide prevention service program."</p> <p>"We would urge you to increase the allocation to ensure that these services are available to all Monterey County residents: in schools, in the work place, from their homes and wherever the members of our community find themselves when suicide thoughts occur. Thank you for your consideration."</p>	<p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>

Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Volunteer hotline and outreach	<p>“Prevention starts with letting the community know they can contact help. Outreach addresses this need by making presentations to at risk populations and groups of people that come in contact with potential suicidal people, such as law enforcement officers. We educate about warning signs, actions to take, and numbers to call.”</p> <p>“The lack of a SPS office in Monterey County deters potential volunteers due to time and expense of travel to Santa Cruz. Suicide work is taxing emotionally. Gathering with other volunteers uplifts and encourages people. Training and follow up greatly benefit everyone. Please consider funding an office.</p>	<p>We strongly support the efforts made by programs which provide community education and outreach concerning important issues such as suicide.</p> <p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Educator	<p>“The outreach program is strong and valuable. It informs many young people at a critical time in their lives about suicide prevention.”</p> <p>“Suicide Prevention Services needs more funds to expand.”</p>	<p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>

Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Family Member	<p>"SPS should expand at all costs. It saves lives!"</p> <p>This plan does not provide enough funding for SPS (Suicide Prevention Services) to do the outreach they can accomplish."</p>	<p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Volunteer	<p>"SPS provides an incredible service to the Monterey and Santa Cruz counties. From the abundance of calls I received, I can vouch for impact SPS has and the lives transformed if not saved."</p> <p>"The Suicide Prevention Services (SPS) needs more funding."</p>	<p>We acknowledge the valuable service provided by Suicide Prevention Services and our intention is to continue supporting programs which provide such positive impact in our communities.</p> <p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>

Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Volunteer	<p>"Providing 24hr services to everyone in need of support, information, and guidance. Great staff support and training to volunteers. Community involvement and continuing education for volunteers."</p> <p>"My concern is that Suicide Prevention Services will not be able to provide adequate assistance and services to our community because of short funding. With additional financial support SPS can accomplish life saving assistance and priceless support for the better of our community and yours."</p>	<p>We acknowledge the valuable service provided by Suicide Prevention Services and our intention is to continue supporting programs which provide such positive impact in our communities.</p> <p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>
Not Stated	Educator	"The students become advocates for each other and themselves in case they plummet into despair or depression due to life's challenges, problems or a chemical deficiency."	The PEI draft plan supports programs which are geared towards children and transition age youth. An example of a program which will provide youth with support services is the AVANZA program.
PEI Planning Process	Educator	<p>"I just read over the Draft Plan for the Prevention and Early Intervention Plan. I'm not sure but somehow Monterey Peninsula College (MPC) seems to be out of the loop. Clearly, we are in need of mental health counseling on campus; and the funds for supporting the MFT Interns have been diminishing. Is it too late to be included in the process?"</p> <p>"Also, I know that Jacob's Heart Children Cancer Support Services didn't get into the process either. They had a change in directors and possibility that could accounted for it. They serve children diagnosed with cancer and support them during and after treatment. The mental health issues the children and their families face are significant."</p>	<p>The PEI planning process was inclusive and extensive efforts were made to include all academic institutions as well as area community service organizations. Agencies and/or individuals who are interested in becoming involved in the development of the PEI component are welcome to communicate with the PEI Coordinator for more information.</p> <p>The PEI draft plan is an initial plan for fiscal year 2008-2009 only, and additional funding is expected in the years to come. The statewide Student Initiative is an additional funding stream which will increase the funding available to the county under the PEI Component. We anticipate that this will be another opportunity to conduct a second community planning process in which programs and services not funded by the initial PEI draft plan may be considered for funding.</p>

Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
PEI Budget Project: Increase Access to Prevention and Education	Law Enforcement	<p>"Please explain what is included in the expense category "Other Costs"</p> <p>"I think many of the classes being offered in the community under PEI would benefit inmates in the jail. For instance, a parenting class, domestic violence, seeking safety program. Programs directed towards incarcerated individuals could have a profound affect for generations. Is there a component of PEI that could include inmate services?"</p>	<p>Other operating expenses include; costs of internet access, e-mail, computer support, telephone and enterprise allocation at the annual rate of \$3,400 per full time employee (FTE), plan development and evaluation contracts, office supplies, equipment and furnishings, and computer acquisition.</p> <p>Programs and services funded by PEI do not have a component that specifically serves the incarcerated population. However, the services do not exclude the incarcerated population and individuals may be referred upon discharge to any of the services described in our draft plan. A prime example is the Child Advocate Program, which will serve the children and families of individuals who are on probation for domestic violence criminal charges.</p>
Project: Increase Access to Prevention and Education Services Program: Equine Therapy for Native Americans	Behavioral Health MHSA staff	Consideration is requested to revise the specification of services provided to the Native American population to allow for flexibility that will ensure that services meet mental health needs and are delivered with cultural competency.	Consideration is in progress to revise the specification of this program.
Project: Increase Access to Support Services Program: Adult Wellness Center	Consumer	"Please help me clarify and understand the change made where Adult Wellness \$\$ are now out of MHSA/PEI funds vs. CSS funding. Originally there was funding by MHSA- CSS plan for our Center I have heard a few words about changing funding sources from CSS to PEI and I have no knowledge how and when this worked."	Several CSS funded programs are being proposed for transfer to the PEI component. Those programs have been deemed one of the following; prevention, education or community support. We had discussed this throughout the planning process and in a few of the PEI work group meetings. The reasoning behind this proposed transfer is to provide an increase in funding available for Community Services and Supports (CSS) that will expand treatment services. The funding amount remains the same; the only difference is that it will come from a different funding stream through MHSA.

Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
Project: Increase Access to Mental Health Services Program: School-based Domestic Violence Counseling	Service Provider	<p>"I want to ensure that agencies such as the YWCA would be able to request funds to support our ongoing (already existing) counseling program in schools. At this time we have a counselor in 7 elementary schools and 1 middle school in Monterey County. The schools are only able to support the program with a donation each year, and our current grants do not cover the yearly budget to support expanding into other schools, or enriching the programs. I am hoping that the funds that MHSA has received will be available to agencies outside the county to support our common goals, and early prevention."</p>	<p>As required by county policy and procedures, a decision process is underway to determine the programs which will be released for Request for Proposal (RFP) in which all interested agencies are able to enter a competitive process.</p> <p>MHSA is a statewide funding stream with each county in California receiving funds. MHSA funds granted to Monterey County will support programs and services provided to Monterey County residents only.</p>
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Non-profit	<p>"The plan does a great job of reaching into many areas of mental health prevention and early intervention, many underserved groups and many areas of the county."</p> <p>We are very thankful for the support for the crisis line and I hope to reiterate the importance of fully funding the request so we can implement our expanded community outreach within Monterey County. The stability of the MHSA funding is vital to our ability make concrete changes in Monterey County such as establishing a local office hiring a local staff member, providing local volunteer trainings and support, etc.</p>	<p>Prevention and Early Intervention programs that will serve underserved populations are a direct result of the community input and planning process.</p> <p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>

Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Volunteer	<p>“There are many (strengths), but I’m especially appreciative of funding proposed for Suicide Prevention/Crisis Hotline.”</p> <p>“There is a tremendous need for additional suicide prevention community outreach and education, which could be made possible by additional funding for a suicide prevention service staff that would operate out of Monterey County.”</p>	<p>The draft plan and proposed funding is a direct result of an extensive community planning process.</p> <p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>
Project: Increase Access to Mental Health Screening Program: Suicide Prevention Hot Line Expansion	Service Provider/Contract or	<p>“Addresses the necessary and primary areas set forth as the goal of the PEI section of the MHSA. Clear effort and energy has been put forth to expedite this plan and get services in place.”</p> <p>“Suicide is a primary component of Prevention and Early Intervention, Suicide Prevention’s Crisis Line can best serve this purpose of preventing suicide if youth, adults at risk and the other local agencies and community organizations <u>also</u> have access to the necessary educational and skill building presentation and trainings provided through the expansion of our outreach activities (through the funding of additional personnel and programs). There are many schools, nonprofit and community agencies and County and City staff, who are in need of this critical information and education that we cannot reach without additional support to expand our well established service to accommodate the needs of the community of Monterey.”</p>	<p>The draft plan and proposed funding is a direct result of an extensive community planning process.</p> <p>It is anticipated that additional funding will be available to Monterey County through the statewide Suicide Prevention Initiative in the near future. This will bring a new opportunity for consideration of additional funds to support programs such as the Suicide Prevention Services.</p> <p>Monterey County Behavioral Health staff is committed to providing technical assistance to organizations in need of maximizing funds to support program expansion. We anticipate working closely with Suicide Prevention Services to provide the necessary technical assistance.</p>
Project: Increase Access to Social Support Services Program: Adult Wellness Center	Consumer	“Collaborative effort, strengths for all ages in programs offered.”	<p>The draft plan and proposed funding is a direct result of an extensive community planning process.</p> <p>We intend to integrate an effective and evidence based</p>

Attachment B

		"What is intended in Peer to Peer Counseling?"	curriculum for the Peer to Peer Counseling program.
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Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
<p>Project: Increase Access to Mental Health Services Program: African American Community Partnership</p>	<p>The Village Project, Inc.</p>	<p>"This draft plan has a number of strengths. Among those are the following:</p> <ol style="list-style-type: none"> 1. The draft plan provides a guide and reference point for service delivery and service provision for un-served and underserved populations with culturally competent and culturally competent and culturally specific effective programs and services. 2. The draft plan delineates responsibilities and expectations of County Behavioral Health and concretizes its relationship with and responsibilities, expectations of community partners and who those community partners are. 3. The draft plan gives concrete examples of what makes for an effective Community Planning Process (CPP) and how such should be carried out. 4. The draft plan outlines the various areas in which services are to be provided, i.e., increased access, linkage provision to traditional and alternate services and programs. 5. The draft plan speaks to the necessity and primacy of leveraging resources to assure that adequate resources, i.e. funding, are acquired to establish and maintain delivery of services to these unserved and underserved populations. 6. The draft plan places primacy on the need for County Behavioral health and Community Partners to carry out effective collaboration and system enhancements that will identify and provide needed levels of services to the unserved and underserved populations in manners that are culturally competent and culturally specific. <p>"The Village Project (TVP) was not invited to the PEI community groups mentioned in the document. Had TVP been invited to these meetings, our members could have provided history and additional expertise in working out strategies to reach our particular unserved/underserved population- African Americans."</p> <p>"We would expect that an agency such as TVP, that is the only one of its kind, would be given priority status in terms of receiving PEI funds."</p>	<p>Community support of the initial PEI draft plan is greatly appreciated. The PEI draft plan was built upon the community input process which spoke to the mental health needs in Monterey County.</p> <p>A community focus group was held in Seaside, CA. in collaboration with the Sea Rina Center. An invitation was extended to Mel Mason for TVP and unfortunately was unable to attend. The group participants of African American heritage presented issues concerning mental health needs of the African American population in Monterey County. The group also provided ideas and suggestions about how the needs should be addressed.</p> <p>TVP is highly regarded and is included in the PEI draft plan for the initial year of funding.</p>

Attachment B

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Attachment B

Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Public Comments and/or Proposed Changes to Draft:
Entire draft plan	Social Services	<p>"Any funding that allows existing services to continue or expand is beneficial."</p> <p>"Existing services are not able to meet the County's needs. It is vital that existing funding not be cut ant that it instead be increased so that more people can be served."</p>	<p>Community support of the initial PEI draft plan is greatly appreciated. The PEI draft plan was built upon the community input process which spoke to the mental health needs in Monterey County.</p> <p>We anticipate that additional funding in the years to come will assist in meeting our County's needs in greater capacities.</p>

PEI PROJECT SUMMARY

Form No. 3

County: **Monterey County**

PEI Project Name: **Increase Access to Mental Health Services**

Date: **5/1/08**

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	X	X	X	X
2. Psycho-Social Impact of Trauma	X	X	X	X
3. At-Risk Children, Youth and Young Adult Populations	X	X		
4. Stigma and Discrimination	X	X	X	X
5. Suicide Risk	X	X	X	X

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	X	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness	X	X	X	X
3. Children and Youth in Stressed Families	X	X		
4. Children and Youth at Risk for School Failure	X	X		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	X		

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Monterey County's MHSA community input process took 3½ months in 2005 and involved over 1,858 participants in 77 meetings in every part of the county. Stakeholder participants included clients and family members, low-income communities, all ethnic minorities, all age groups, migrant and new immigrant populations, traditionally marginalized populations, community leaders, associated agencies, and community based organizations. When required, meetings were conducted in both English and Spanish. Meetings were promoted through extensive media outreach. The original MHSA input process included requests that the community speak to gaps and needs for all components of the Mental Health Service Act, including Prevention and Early Intervention. The information gathered during this earlier process, allowed us to review and analyze it for the Prevention Early Intervention plan. In the summer of 2007, we asked the epidemiology section of the Monterey County Health Department to perform a content analysis of the input from those meetings, summarize the findings and present that information through a more targeted stakeholder process.

Monterey County's PEI planning process began in October of 2007 with the PEI Coordinator organizing more than 20 community forums with various groups including community based organizations along with consumers, family members, general concerned community members and professionals. The groups represented the four regions of Monterey County: South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds such as, Latino, African-American, Caucasian, Asian American, and monolingual Spanish speaking populations. The PEI Coordinator also attended regular meetings held by various community groups, taking the input process to them, to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input.

The statements of need derived from the 2005 MHSA community input process were reiterated and confirmed in the 2007 PEI community input process. Input from both efforts were considered and integrated into this draft plan.

The planning process identified four major themes with various strategies; below we will articulate each strategy and the four major themes:

- Increase Access to Mental Health Services
- Increase Access to Screening
- Increase Prevention and Education
- Increase Access to Social Support services

3. PEI Project Description: (attach additional pages, if necessary)

The ***Increase Access to Mental Health Services*** project is designed to address the needs and priorities that were identified in the community planning process by increasing access to prevention and early intervention mental health services for first-time, unserved, underserved, and stigmatized residents. Community members consistently identified nontraditional settings such as homes, schools, neighborhoods, and community organizations as means of effective outreach to priority populations such as Latinos, African Americans, agricultural workers, GLBTQ, stigmatized, and other vulnerable populations. Details of how the ***Increase Access to Mental Health Services*** project links to Monterey County demographics and community needs, stakeholder input, and priority populations is contained in the project's eight program descriptions:

It is estimated by the State Department of Finance that African Americans represent only 4.2% of Monterey County's population in 2005, and are both unserved and underserved for mental health services. ***African American Community Partnership*** provides professional development, cultural competency, and capacity building workshops for individuals at county schools, community organizations, and agencies that serve African American residents. The Partnership's work includes cultural competency curriculum development and systematic outreach activities to identify appropriate agencies and programs for participation. Additionally, the Partnership works to increase African American accessibility to Monterey County's mental health services by assisting The Village Project in becoming a Medi-Cal outpatient mental health provider. Begun in March 2007, the Partnership is expected to initiate new links to mental health services for African American residents via contracts with consultants.

Additional PEI funds will augment the Village Project, a program of the ***African American Community Partnership*** by providing specified outreach and early intervention counseling and support services. The initial phase of the Village Project provides linkages to mental health services for individuals who have already been identified and referred for interventions.

LGBTQ Community Partnership is a collaboration of Community Human Services (affordable mental health counseling and substance abuse recovery), John XXIII AIDS Ministry, and Monterey County AIDS Project. The Partnership provides mental health outreach to LGBTQ individuals. Early intervention outreach, client engagement, and mental health counseling services are expected to provide improvements in functioning at the individual level. The development of a network of providers and training in LGBTQ and HIV/AIDS issues for therapists are expected to provide system improvements at the organizational level. Launched in September 2006, the program is expected to serve 48 individuals/families annually with a staff of 4 licensed providers who are experienced in LGBTQ issues.

PEI PROJECT SUMMARY

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In response to the enormity of input from community stakeholders expressing the need for increased access to mental health services, especially for first-time, unserved, underserved residents, PEI funds will be allocated to the creation of a ***Toll-free, 24/7 Telephone Referral System***. The system is anticipated to perform similarly to the United Way 211 call system that successfully operates in 9 other California counties and reaches approximately 65% of the population nationwide. The system will be developed to provide services in English and Spanish to residents of all age groups and race/ethnicities. Monterey County MHSA PEI will be one of many collaborators with the lead agency, United Way of Monterey County.

The ***School-based Domestic Violence Counseling*** program will address domestic violence issues from the perspective of children who are witnesses to violence. This prevention and early intervention program will be delivered by counselors who will work in a non-traditional setting – schools – to reduce the stigma children may otherwise face as a result of having to endure the effects having been a witness of violence. Counselors will help children find ways to be safe when the violence occurs, let them know the violence is never their fault and that it is not their responsibility to intervene, and help them understand their anger, hurt, fear, or sadness about domestic violence and community violence. Counselors will model non-violent conflict resolution and refer trauma-exposed individuals to mental health services. A licensed or qualified intern therapist will be assigned to each school and they will establish a group of students by teacher or parent referral. Students will receive both individual and group therapy, utilizing various evidence based practice theories such as expressive arts. A total of ten (10) schools will be served with four (4) ten (10) week program series. In each ten (10) week series up to five (5) children will be served. It is anticipated that a total of 160 children will be served annually.

Cultural, language, income, and education influence people's access to quality care and optimal use of health care, and this is especially true for people who are dealing with anxiety, depression, and onset of serious mental health conditions. Patients, family members, caregivers, and physicians often lack the information they need to determine the most appropriate treatment plan. The PEI ***System Navigator Program*** is intended to enable consumer access services and to facilitate timely entry to care. In coordination with the Workforce Employment and Training (WET) component of MHSA, System Navigators will receive training on various treatment options, screening and assessment tools and the Individualized Education Program. The training in these areas will better equip the System Navigators in guiding and assisting individuals as they seek to access services throughout Monterey County. Additionally, the System Navigator Program provides employment opportunities for consumers and family members. The System Navigator Program will partner with community based organizations to develop a functional referral and follow up system to ensure that consumers and family members will have timely access to much needed services.

PEI PROJECT SUMMARY

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The Family Service Center of the Central Coast (FSCCC) currently recruits, trains, and supervises volunteers to staff the 24-hour multilingual suicide crisis line, and maintains a local and toll free phone system to ensure that services are accessible to all residents at-risk of suicide. FSCCC also conducts educational presentations for high risk groups (primarily youth), and conducts grief support groups referrals for survivors of suicide. PEI funding will provide for the **Suicide Prevention Hot Line Expansion** by increasing the capacity to receive calls for Monterey County residents by means of increasing FSCCC's ability to employ volunteer trainers that will conduct periodic volunteer recruitment and training.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation from July 1, 2008 through June 30, 2009
	Prevention	Early Intervention	
African American Community Partnership/Village Project	Individuals: 20 Families:	Individuals: 20 Families:	12 months
African American Community Partnership/Village Project Screening Services	Individuals: 20 Families:	Individuals: 20 Families:	
GLBTQ Community Partnerships	Individuals: 40 Families:	Individuals: 48 Families:	12 months
211 Toll-free Telephone Referral System	Individuals: 40 Families:	Individuals: 40 Families:	12 months
School-based Domestic Violence Counseling	Individuals: 80 Families:	Individuals: 80 Families:	10 months

PEI PROJECT SUMMARY

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	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation from July 1, 2008 through June 30, 2009
Mental Health System Navigators	Individuals: 50 Families: 30	Individuals: 50 Families: 30	10 months
Suicide Prevention Hot Line Expansion	Individuals: TBD Families:	Individuals: TBD Families:	12 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 250 Families: 30	Individuals: 258 Families: 30	

The African American Partnership and LGBTQ Partnership programs listed above were previously funded by CSS, the first component of MHSA to be approved and launched. With further definition and development of the MHSA Prevention and Early Intervention component, Monterey County is transferring these programs to PEI. This program transfer logically matching program function with component function, and additionally, allows CSS to appropriately add or enhance its services and supports functions.

5. Alternate Programs

- ☐ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

6. Linkages to County Mental Health and Providers of Other Needed Services

Links to Mental Health Service Providers:

Programs of the *Increase Access to Mental Health Services* project are designed to provide prompt linkage between first-time, unserved, and underserved consumers and their families and a wide variety of mental health services, and also to facilitate navigation within Monterey County's mental health system. The *African American Community Partnership*, *GLBTQ Community Partnership*, *School-based Domestic Violence Counseling*, and *System Navigators* programs are designed for outreach and referral for populations that are unserved or underserved, and are also intended to reduce disparities in mental health access due to discrimination and stigmatization.

Links to Other Needed Services:

The *Toll-free Telephone System* will work similar to other 211 Call Centers, linking callers to other essential social services that provide basic human resources, medical information, employment support, support for persons with disabilities, and resources for children, youth, and families. *African American Community Partnership, GLBTQ Community Partnership, and School-based Domestic Violence Counseling* programs are also equipped to link first-time and underserved consumers and family members to an array of support services offered by County agencies and community organizations.

Leveraged Resources and Links to Outcomes at the Individual/family, Program/system, or Community Levels:

All programs of the *Increase Access to Mental Health Services* project provide direct services on the individual/family level. Efforts provided by these programs may secondarily assist with stigma and disparity reduction at the community level. Our partners in these programs are well-regarded and include John XXIII AIDS Ministry and the Monterey County AIDS Project, United Way of Monterey County, Monterey County Office of Education, the Family Service Center of the Central Coast, Monterey County Department of Social Services, and the Monterey County Probation Department. All personnel who are involved in the PEI programs will be encouraged to participate in cultural competency and program/system level improvement training. PEI funded services will contribute to increased capacity among our nonprofit organization partners. Social Marketing of program information will contribute to community level improvements, especially in the areas of reduction of stigma, and awareness of and access to services.

7. Collaboration and System Enhancements

African American Community Partnerships

Sarat Osborne and Mel Mason, LCSW, are providing cultural competency curriculum and training for staff of Monterey County schools, community organizations, Monterey County Behavioral Health MCBH), and others that provide mental health services to our African American residents. The partnership will also help build the capacity to increase African American access to Medi-Cal services by assisting The Village Project, a new organization which has recently been formed to obtain certification as a Medi-Cal mental health outpatient services provider. Their work will assist in strengthening links between MCBH and many other community partners. Resources are leveraged through Medi-Cal supports. In addition, resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

PEI PROJECT SUMMARY

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GLBTQ Partnerships

Community Human Services (CHS) is a Medi-Cal certified nonprofit organization providing prevention, counseling, and recovery services for substance abuse and mental health issues. Monterey County AIDS Project provides counseling and practical support for those infected with HIV, their families, and friends. John XXIII AIDS Ministry provides spiritual and emotional counseling, workshops, support groups, referrals, and housing to persons with HIV. In partnership, these organizations deliver services as described above in Seaside, Monterey, and two Salinas locations. CHS will build community capacity through the creation of a network of therapists and referrals to other health care agencies. Resources are leveraged through Medi-Cal supports, and in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

211 Toll-free Telephone System

United Way of Monterey County (UWMC) was founded in 1929. One of UWMC's four impact priority areas is to provide resources to nonprofit agencies that can prevent and resolve crises such as domestic violence, mental health issues, and chemical dependency. Monterey County's PEI funding will be added to a larger pool for establishing a 211 Toll-free Telephone System similar to those operating elsewhere in the nation. Resources are leveraged through in-kind contributions and funds from United Way and their collaborative partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

School-based Domestic Violence Counseling

Harmony at Home is non-profit organization serving children who have witnessed domestic violence, community violence and/or have been direct victims of abuse. Services include individual and family therapy, group counseling and expressive arts camp. Resources are leveraged through in-kind contributions. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Mental Health System Navigators

The Monterey County Behavioral Health Division will develop a team of system navigators who have experience in the mental health system as well as external community support services. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Suicide Prevention Hot Line Expansion

Family Service Center of the Central Coast (FSCCC) is a private, non-profit agency serving the community since 1957. The organization offers a variety of clinical, crisis, educational, outreach and supportive services designed to maintain and strengthen family and community life. PEI funds to expand the Suicide Prevention Hot Line services will be leveraged with staff, funds, and in kind contributions from FSCCC and their partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

8. Intended Outcomes

For individuals, Monterey County's PEI *Increase Access to Mental Health Services* project will:

- Widen the access portal to wellness, resiliency, and mental health services. Programs will be supported with social marketing campaigns aimed at targeted outreach, education, and stigma reduction.
- Encourage access to wellness, resiliency, and mental health services for unserved, underserved, and stigmatized consumers and their families by delivering services through culturally-appropriate partnerships and providing system navigators for consumers and family members.

For system and program outcomes, Monterey County's PEI *Increase Access to Mental Health Services* project will:

- Increase cultural competency for MCBH and community staff providers, other community organizations, and teachers through specialized training.
- Build and strengthen partnerships between MCBH, other agencies, and community partners.

Other proposed methods to measure success include:

- Quantitative and qualitative evaluation of short-term and intermediate-term outcomes of at least one program, using a logic model planning tool.

As a result of the *Increase Access to Mental Health* project we expect these changes to occur:

- Short term: increased consumer and family member access to wellness, recovery, and early intervention services; reduced disparities in the utilization of mental health services; increased availability of prevention services; increased service provider competency; strengthened links between PEI and other Monterey County MHSA components; and the creation of links between MCBH and new community partners.
- Intermediate term: reduce negative outcomes that may result from untreated mental illness, which may include prolonged suffering, school failure, the removal of children from their homes, incarcerations, chronic unemployment or homelessness, or suicide.

9. Coordination with Other MHSA Components

Capital Facilities and Information Technology: This component will support PEI with MHSA infrastructure expansion and growth, especially through enhanced computer capabilities. In future years, based on PEI-collected first-time and early access data, PEI may provide information to help make decisions about new facility locations or existing facility expansions.

CSS: This PEI plan proposes to transfer in several programs that provide increased access and prevention activities that are currently being conducted by CSS. PEI then will become the first point of entry to wellness and recovery for MHSA activities in Monterey County'. As warranted, PEI will refer consumers and family members to CSS programs and other mental health services available from MCBH and community providers.

Housing: Monterey County's PEI programs and activities are intended to support the mental and emotional wellbeing of children and families who are receiving supportive housing services.

Social Marketing: Social Marketing efforts will support many of the PEI activities, especially those that are intended to increase early access to services through the dissemination of information via mass media campaigns and other marketing activities.

Workforce Education and Training (WET): PEI is positioned to refer individuals who have been identified through its work programs to WET's program to assess and refer consumers to state and federal work incentive programs. WET is positioned to support PEI with client and family member training in wellness, recovery, and resilience, and to provide MCBH and partner staff training for trauma assessment and cultural competency.

10. Additional Comments (optional)

PEI PROJECT SUMMARY

Form No. 3

County: **Monterey County**

PEI Project Name: **Increase Access to Mental Health Screening**

Date: **5/1/08**

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	X	X	X	X
2. Psycho-Social Impact of Trauma	X	X	X	X
3. At-Risk Children, Youth and Young Adult Populations	X	X		
4. Stigma and Discrimination	X	X	X	X
5. Suicide Risk	X	X	X	X

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	X	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness	X	X	X	X
3. Children and Youth in Stressed Families	X	X		
4. Children and Youth at Risk for School Failure	X	X		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	X		

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Monterey County's MHSA community input process took 3½ months in 2005 and involved over 1,858 participants in 77 meetings in every part of the county. Stakeholder participants included clients and family members, low-income communities, all ethnic minorities, all age groups, migrant and new immigrant populations, traditionally marginalized populations, community leaders, associated agencies, and community based organizations. When required, meetings were conducted in both English and Spanish. Meetings were promoted through extensive media outreach. The original MHSA input process included requests that the community speak to gaps and needs for all components of the Mental Health Service Act, including Prevention and Early Intervention. The information gathered during this earlier process, allowed us to review and analyze it for the Prevention Early Intervention plan. In the summer of 2007, we asked the epidemiology section of the Monterey County Health Department to perform a content analysis of the input from those meetings, summarize the findings and present that information through a more targeted stakeholder process.

Monterey County's PEI planning process began in October of 2007 with the PEI Coordinator organizing more than 20 community forums with various groups including community based organizations along with consumers, family members, general concerned community members and professionals. The groups represented the four regions of Monterey County: South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds such as, Latino, African-American, Caucasian, Asian American, and monolingual Spanish speaking populations. The PEI Coordinator also attended regular meetings held by various community groups, taking the input process to them, to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input.

The statements of need derived from the 2005 MHSA community input process were reiterated and confirmed in the 2007 PEI community input process. Input from both efforts were considered and integrated into this draft plan.

The planning process identified four major themes with various strategies; below we will articulate each strategy and the four major themes:

- Increase Access to Mental Health Services
- Increase Access to Screening
- Increase Prevention and Education
- Increase Access to Social Support services

3. PEI Project Description: (attach additional pages, if necessary)

The *Increase Access to Mental Health Screening* project is designed to address the needs and priorities that were identified in the community planning process by increasing mental health screening and service opportunities for first-time, unserved, underserved, and stigmatized residents. Community members consistently identified nontraditional settings such as homes, schools, neighborhoods, and community organizations as means of effective outreach to vulnerable populations, especially those who may be experiencing anxiety, depression, trauma, or co-occurring disorders. Details of how the *Increase Access to Mental Health Screening* project links to Monterey County demographics and community needs, stakeholder input, and priority populations is contained in the project's four program descriptions:

School Evidence-Based Practices (Therapy) places mental health professionals in six elementary school sites where they can offer immediate services and referral. This pilot program was launched under the CSS plan in June 2007 with four elementary schools. School selection was based on survey responses and statements of need provided by individual schools, with comparative analysis provided by Monterey County Health Department epidemiologists. Areas of greatest need are being served first, and the program is intended to grow as funding allows. Monterey County Office of Education and six elementary school sites are collaborators with MCBH in this program.

Mental Health Screening for Children ages 0-8 expands upon a former CSS program that served over 300 children ages 0-5 years at family resource centers in four distinct areas of the county. Expansion provides additional psychiatric social workers to extend the target population to children up to and including age 8 who are in need of screening, assessment, and therapeutic services.

PEI funds will organize and sponsor county wide ***Depression/Anxiety Screening Days*** which will be organized in partnership with community based organizations, mental health and healthcare centers and social service agencies. Depression/Anxiety Screening Days will be held in non-traditional settings such as college campuses through the health or counseling center, in primary/specialty care offices, and in the workplace through Employee Assistance Programs. Coordination for Depression/Anxiety Screening Days will include the utilization of comprehensive materials including educational brochures for the public, and information specifically designed for friends and family members of those suffering from depression/anxiety. Promotional information will be developed to help raise awareness of Depression/Anxiety Screening Days events. Depression/Anxiety Screening Days will provide mental health screenings and educational materials about common mental health problems; educate friends and family members about the signs of suicide and effective ways to respond to a loved one who may be at risk for suicide as well as the symptoms of depression and anxiety which may lead to suicidal ideations. PEI funds will provide clinicians and administrative staff participation during Depression/Anxiety

PEI PROJECT SUMMARY

Form No. 3

Screening Days events as well as materials for clinicians to help assess suicide risk and mental health problems. PEI funds will sponsor up to four (4) Depression/Anxiety Screening Days throughout Monterey County per year.

Monterey County Behavioral Health Staff will provide the **Alcohol and Drug Intervention with PTSD/Criminal Justice System Adults** program. Mental health services, including assessments, will focus on trauma-exposed parents in substance abuse treatment and their children, who are experiencing trauma-related mental health needs due to parents with an addictive disorder. This service will prevent the development of serious mental health illness due to untreated mental illness. By assessing and administering early onset treatment to individuals experiencing PTSD, or other mental illnesses related to violence or other trauma, the incidence of serious mental health illness or disorders within the community will be decreased. Individuals needing assessment services will be referred by the Criminal Justice System and referred to partner agencies that will provide treatment or rehabilitation services.

The **Early Intervention 0-5 Secure Families/Familias Seguras** program will have as its core value, the provision of culturally and linguistically appropriate behavioral health services geared toward providing children ages 0-5 and the family with the necessary resources required to support positive physical, emotional and cognitive development. Services include therapeutic services to children and their families. In addition to the application of culturally and linguistically appropriate services the program will utilize therapeutic methods that integrate family members/caregivers in the treatment of the child. Therapists will use dyadic therapy, a therapeutic model in which the parent and child work together to enhance relationships and attachment. The use of dyadic therapy is family centered or centric because it involves the family in the process. When appropriate we will also use Parent Child Interaction Therapy (PCIT), an evidenced-based best practice (EBP) that uses the therapist as mentor and coach to parents who are over-stressed due to their difficulty controlling a child with behavior problems.

PEI PROJECT SUMMARY

Form No. 3

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation from July 1, 2008 through June 30, 2009
	Prevention	Early Intervention	
School Evidence-Based Practices (Therapy)	Individuals: TBD Families:	Individuals: Families:	12 months
Mental Health Screening for Children ages 0-8 years	Individuals: TBD Families:	Individuals: TBD Families:	12 months
Depression / Anxiety Screening Days	Individuals: 50 Families:	Individuals: 50 Families:	12 months
Alcohol and Drug Early Intervention for Adults with PTSD in Criminal Justice System	Individuals: TBD Families:	Individuals: TBD Families:	12 months
Early Intervention 0-5 Secure Families/Familias Seguras	Individuals: TBD Families:	Individuals: TBD Families:	12 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 50 Families:	Individuals: 50 Families:	

The School-based Counseling and Mental Health Screening programs listed above were previously funded by Community Services and Supports (CSS), the first component of MHSA to be approved and launched. With further definition and development of the MHSA Prevention and Early Intervention component, Monterey County is transferring these programs to PEI. This program transfer logically matching program function with component function, and additionally, allows CSS to appropriately add or enhance its services and supports functions.

5. Alternate Programs

- ☐ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

6. Linkages to County Mental Health and Providers of Other Needed Services

Links to Mental Health Service Providers:

Programs of the *Increase Access to Mental Health Screening* project are designed to provide greater access to prompt screening for first-time, unserved, and underserved consumers and their families. *School-based Counseling for ages 5-12* places mental health professionals in six elementary school sites where they can offer immediate services and referral to an array of behavioral and social services providers. *Mental Health Screening for ages 0-8* provides the same linkage by virtue of the program's co-location with four family resource centers. *Depression and Anxiety Screening Days* will conduct assessments that will determine the need for accessing prevention and early intervention programs, support services and mental health services. *Alcohol and Drug Intervention with PTSD/Criminal Justice System Adults* provides services within the County's detention centers, rehabilitation facility, and probation programs where links to related physical, mental, and social services can be expedited.

Links to Other Needed Services:

All four programs within the Increase Access to Mental Health Screening project are equipped to link consumers and family members to a wide array of mental health and social support services offered by Monterey County Health and Social and Employment Services departments and other community organizations and agencies.

Leveraged Resources and Links to Outcomes at the Individual/family, Program/system, or Community Levels:

All five programs within the Increase Access to Mental Health provide direct services on the individual/family level, although the efforts provided by these programs may secondarily assist with stigma and disparity reduction at the community level. Our collaborators in these programs are well-regarded and include Monterey County Office of Education and six elementary school sites serving children ages 0-12; First 5 Monterey County serving children aged 0-5 and families, and Monterey County Probation Department and its community partners.

7. Collaboration and System Enhancements

School Evidence-Based Practices (Therapy)

Related to *School-based Counseling*, Monterey County Office of Education (MCOE) provides oversight, curriculum development, staff development, and other resources to elementary schools, home charter schools, migrant education, special education, and Head Start students and their families. This program is expected to further strengthen the links that exist between MCBH and MCOE. Resources will be leveraged through MCOE in-kind contributions and Medi-Cal supports. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Mental Health Screening for Children ages 0-8 years

Mental Health Screening for Children ages 0-8 years will serve as an expansion to services provided to children ages 0-5 in efforts to provide a continuity of services to children ensuring a child's improvement in their social, emotional and psychological development. A collaboration consisting of partners who work to improve child development, child health, family functioning, and the systems that serve children and families. Such collaborators include Monterey County Health Department, Monterey County Department of Social and Employment Services, Monterey County Probation Department and First 5 Monterey County. Resources for this program will be leveraged through First 5 funding and in-kind contributions and Medi-Cal supports. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Depression / Anxiety Screening Days

Depression/Anxiety Screening Days are events that will be held throughout Monterey County in collaboration with area colleges and universities, community centers, senior centers, primary care providers, community based organizations and services agencies within Monterey County. Assessments conducted at the events will determine the need for accessing prevention and early intervention programs, support services and mental health services. A referral system will be developed and implemented to provide a successful entry for potential consumers and family members. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Alcohol and Drug Early Intervention for Adults with PTSD in Criminal Justice System

Monterey County Probation Officers supervise approximately 7,500 adult and 1,500 juvenile offenders granted probation by the courts, through its operation of the Juvenile Hall and other facilities and programs. The department works together with law enforcement agencies, schools, community based organizations, and the citizens of Monterey County to form productive partnerships to ensure public safety, offender rehabilitation, and the protection of victims' rights.

Resources for this program will be leveraged through in-kind contributions from the Probation Department and Medi-Cal supports.

Early Intervention 0-5 Secure Families/Familias Seguras

The program is designed to establish a multi-disciplinary system for coordinating and enhancing behavioral health services to prepare children for success. Key community linkages and collaboration efforts with local organizations were developed and it is because of these ties and collaborative efforts that the program will be able to provide services to unserved and underserved children and parents in South County, Seaside and East Salinas. Resources for this program are leveraged with funds granted by First 5 Monterey County. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

8. Intended Outcomes

For individuals, Monterey County's PEI *Increase Access to Mental Health Screening* project will

- Widen the access portal to wellness, resiliency, supports, and services by providing no- and low-cost mental health screening in nontraditional settings. Social marketing campaigns will assist with stigma reduction.
- Increased wellness, resiliency, and early intervention for children and their families through *School-based Counseling*.
- Provide *alcohol and drug abuse screening for PTSD adults in the criminal justice system* for the purpose of referring them to services intended to help them avoid further mental health complications due to untreated mental illness.

For system and program outcomes, Monterey County's PEI *School-based Counseling* program will:

- Increase the number of school age children and families that receive first-time counseling and referral services for entry into the mental health system
- Build and strengthen partnerships between MCBH and Monterey County Office of Education, First 5 Monterey County, Monterey County Social and Employment Services, Monterey County Probation, and other area agencies.

Other proposed measures to measure success include:

- Evaluate at least one PEI program and likely others for quantitative and qualitative, short-term and intermediate-term outcomes using a logic model planning tool.

As a result of the PEI *Increase Access to Mental Health Screening* project, we expect these changes to occur:

- Short term: increased consumer and family member access to wellness, recovery, and early intervention services; reduced disparities in the utilization of mental health services; increased availability of prevention services; increased service provider competency; strengthened links between PEI and other Monterey County MHSA components; and the creation of links between MCBH and new community partners.

- Intermediate term: a reduction of negative outcomes that may result from untreated mental illness, which may include prolonged suffering, school failure, the removal of children from their homes, incarcerations, chronic unemployment or homelessness, or suicide.

9. Coordination with Other MHSA Components

Capital Facilities and Information Technology: This component will support PEI with MHSA infrastructure expansion and growth, especially through enhanced computer capabilities. In future years, based on PEI-collected first-time and early access data, PEI may provide information to help make decisions about new facility locations or existing facility expansions.

CSS: This PEI plan proposes to transfer in the programs that provide increased access and prevention activities that are currently being conducted by CSS. PEI then will become the first point of entry to wellness and recovery for MHSA activities in Monterey County'. As warranted, PEI will refer consumers and family members to CSS programs and other mental health services available from MCBH and community providers.

Housing: Monterey County's PEI programs and activities are intended to support the mental and emotional wellbeing of children and families who are receiving supportive housing services.

Social Marketing: Social Marketing efforts will support many of the PEI activities, especially those that are intended to increase early access to services through the dissemination of information via mass media campaigns.

Workforce Education and Training (WET): PEI is positioned to refer individuals who have been identified through its work programs to WET's program to assess and refer consumers to state and federal work incentive programs. WET is positioned to support PEI with client and family member training in wellness, recovery, and resilience, and to provide MCBH and partner staff training for trauma assessment and cultural competency.

10. Additional Comments (optional)

PEI PROJECT SUMMARY

Form No. 3

County: **Monterey County** PEI Project Name: **Increase Access to Prevention Education Services** Date: **5/1/08**

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	X	X	X	X
2. Psycho-Social Impact of Trauma	X	X	X	
3. At-Risk Children, Youth and Young Adult Populations	X	X		
4. Stigma and Discrimination	X	X	X	X
5. Suicide Risk	X	X	X	X

PEI PROJECT SUMMARY

Form No. 3

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition- Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project: 1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X X X X	X X X X X	X X	X X

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Monterey County's MHSA community input process took 3½ months in 2005 and involved over 1,858 participants in 77 meetings in every part of the county. Stakeholder participants included clients and family members, low-income communities, all ethnic minorities, all age groups, migrant and new immigrant populations, traditionally marginalized populations, community leaders, associated agencies, and community based organizations. When required, meetings were conducted in both English and Spanish. Meetings were promoted through extensive media outreach. The original MHSA input process included requests that the community speak to gaps and needs for all components of the Mental Health Service Act, including Prevention and Early Intervention. The information gathered during this earlier process, allowed us to review and analyze it for the Prevention Early Intervention plan. In the summer of 2007, we asked the epidemiology section of the Monterey County Health Department to perform a content analysis of the input from those meetings, summarize the findings and present that information through a more targeted stakeholder process.

Monterey County's PEI planning process began in October of 2007 with the PEI Coordinator organizing more than 20 community forums with various groups including community based organizations along with consumers, family members, general concerned community members and professionals. The groups represented the four regions of Monterey County:

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South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds such as, Latino, African-American, Caucasian, Asian American, and monolingual Spanish speaking populations. The PEI Coordinator also attended regular meetings held by various community groups, taking the input process to them, to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input.

The statements of need derived from the 2005 MHSA community input process were reiterated and confirmed in the 2007 PEI community input process. Input from both efforts were considered and integrated into this draft plan.

The planning process identified four major themes with various strategies; below we will articulate each strategy and the four major themes:

- Increase Access to Mental Health Services
- Increase Access to Screening
- Increase Awareness and Education
- Increase Access to Social Support services

3. PEI Project Description: (attach additional pages, if necessary)

The ***Increase Access to Prevention and Education*** project is designed to address the needs and priorities that were identified in the community planning process by increasing prevention and education efforts to promote mental health awareness which would help decrease the stigma which is often times a barrier that keeps the un-served and underserved populations from accessing mental health services. Community members consistently identified nontraditional settings such as homes, schools, neighborhoods, and community organizations as means of effective outreach to vulnerable populations, especially those who may be experiencing anxiety, depression, trauma, or co-occurring disorders. Details of how the *Increase Access to Prevention and Education* project links to Monterey County demographics and community needs, stakeholder input, and priority populations is contained in the project's fourteen program descriptions:

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The ***Multi-Lingual Parenting Services- Parenting Education Partnership*** will increase capacity for culturally and linguistically appropriate parent education opportunities in focus areas of Monterey County. The Parent Education Partnership consists of a lead agency and fiscal agent, Community Human Services, in collaboration with Salinas Adult School, and the Alisal Community Healthy Start Family Resource Center, Soledad Unified School District and North Monterey County Unified School District. The partnership increases parenting skills of Spanish speaking and English speaking parents through their participation in an eight to ten week series utilizing the ***Positive Parenting Program*** curriculum. The curriculum addresses the following common parenting issues:

- Understanding the responsibility of parenting
- Learning communication and listening skills
- Learning safe and effective discipline methods
- Finding ways to encourage and build self-esteem
- Understanding the stages of child development
- Learning how to resolve problems with respect and care
- Stress management
- Understanding child abuse and how it affects children

The partnership will conduct outreach to families in the Spanish and English speaking communities and immigrant communities to identify families who are experiencing mental health challenges such as acculturation challenges, isolation, depression and acting out behaviors. The partnership will also provide case management for families who have been identified to be at risk and would benefit from home visits, family plan development, ongoing monitoring and coordination of goals with the family, monthly family support groups, information and referral services and access to community resources. Expected outcomes are that there will be an increase in parent awareness of mental health issues and community resource availability. The partnership will provide parent education classes for up to two hundred fifty (250) families per year using the evidence-based curriculum specifically designed for children and youth with emotional/behavioral challenges.

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The ***Latino Partnership-Promotores*** provides the training for Promotores de Salud, who provide health education and facilitate access to mental health services for un-served Latino adults, children and families through outreach and engagement activities.

PEI funds will enhance the Latino Partnership-Promotores, to specifically serve the older adult population in Monterey County. During the community input process we were made aware of a need to specifically provide the Promotores de Salud model tailored to older adults with the purpose of increasing mental health awareness, increasing the knowledge and accessibility to mental health services and other community based support services. The ***Latino Partnership-Promotores Specific Outreach for Older Adults*** will facilitate access to mental health services for un-served Latino older adults in culturally and linguistically appropriate settings.

The ***Senior Peer Counseling*** program is offered to the older adult population in Monterey County by the Alliance on Aging. The Senior Peer Counseling program provides mental health intervention and support to older adults suffering from depression, grief, loss, isolation, adjustment to chronic illness, relationship problems with adult children and other stressors. In addition to participating in the Senior Peer Counseling program individuals will be assessed for further needed services such as in home counseling services or brief therapy. The Senior Peer Counseling serves as a link for participants to access a variety of other support groups if needed. PEI funds will increase the capacity to train and supervise 20 peer counselors and serve up to two hundred (200) older adults per year. In addition, PEI funds will add a peer support volunteer component where volunteers will provide ongoing emotional support, assistance with day-to-day activities such as doctor visits and human contact.

The ***Senior Peer Counseling Expansion*** will provide access to older adults residing throughout Monterey County and the greater Salinas area. PEI funds will enhance current efforts to reach older adults and provide access to support groups and individual counseling to address mental health needs such as; depression, grief, loss, isolation, adjustment to chronic illness, relationship problems with adult children and other stressors. Services will be offered in culturally and linguistically appropriate settings. The Senior Peer Counseling Expansion funds will afford the provision of up to four Wellness Series workshops in each community in Salinas and South Monterey County. Wellness Series workshops will provide education on mental health and emotional health. The Senior Peer Counseling Expansion will serve up to two hundred (200) older adults in focus areas of Monterey County that have been identified as underserved.

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Social Marketing in Monterey County is implemented with the assistance of a social marketing consultant who will work with the MHSA, PEI Coordinator, key Behavioral Health staff, stakeholders, consumers, youth and families to expand the existing social marketing plan. A social marketing committee comprised of the aforementioned groups will drive the goals and activities within the social marketing plan. The expanded social marketing plan will identify how Behavioral Health and MHSA will be positioned in the community, and develop strategies and partnerships for different populations of focus with potential partners such as primary care providers, law enforcement, faith-based venues and others. The social marketing plan also includes; the development of strategies to inform the general community and key stakeholders that provided input during the community planning process about how their input is reflected in each MHSA implementation plan, Identify communication strategies to raise awareness of transformation values (e.g. Consumer and Family Involvement, Cultural Competency, Wellness and Recovery) within the general community, MCBH staff, partners and stakeholders, continue the development of literature highlighting Monterey County's MHSA and PEI activities as an instrument to inform the general community, support mental health awareness activities and Depression and Anxiety Screening days to ensure public awareness.

The **Youth Diversion Program** will be a partnership between law enforcement and schools to intervene in the early incidence of juvenile delinquency by serving youth at risk of school failure and at risk of juvenile justice involvement with counseling services. Youth who commit misdemeanor crimes will be referred to the Youth Diversion program as an alternative to facing prosecution and serving a sentence in juvenile hall. The Youth Diversion Program is designed to assess the emotional and mental health needs of youth who are at risk of school failure and involvement in the juvenile justice system.

Network of Care was created with a California Department of Aging innovation grant. The project is part of a broad effort by our county to improve and better coordinate long-term care services locally. This comprehensive, Internet-based resource is for the elderly and people with disabilities, as well as their caregivers and service providers. PEI funds will enhance the continuing development and improvement of materials available on the **Network of Care** website to accurately provide information community based services and support services available throughout Monterey County. Further enhancement will include providing updated information on common mental health issues affecting older adults.

The **Prevention Services for Native American Youth** will assist youth at risk of school failure and youth at risk juvenile justice involvement in developing social and emotional skills, by learning to develop healthy relationships through alternative healing methods such as, but not limited to; equine facilitated therapy. The program will prevent the

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development of anti-social and aggressive behavior which may be a result of family dysfunction, or first onset of mental health disorders and drug and alcohol addictions. With a service tailored to the Native American population the program may also establish an art component to the program to further raise participants' cultural awareness and sensitivity. PEI funds will be used to provide services to 45 Native American youth in Monterey County. Community outreach for program participants will include partnerships with Monterey County schools, local non-profit community based organizations and the juvenile justice system.

The Department of Social and Employment Services will expand ***Pathways to Safety*** by introducing its second phase, increasing the capacity and service availability for children who are at low to moderate risk of harm. Families of children who have been reported to Child Protective Services without substantiated abuse findings will be engaged, assessed and referred to supportive and preventive community based services to ameliorate the issues impacting those families. Families will be equipped with resources that will stabilize and strengthen their family function by community engagement and support services offered to them. These efforts will prevent the potential escalation of abuse leading to the disruption of healthy social, emotional and psychological development of a child.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Multi-Lingual Parenting Services- Parenting Education Partnership	Individuals: Families: 250	Individuals: Families:	12
Latino Partnership-Promotores	Individuals: 100 Families:	Individuals: Families:	12

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	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
Latino Partnership-Promotores Specific Outreach for Older Adults	Individuals: 50 Families:	Individuals: Families:	12
Senior Peer Counseling	Individuals: 870 Families:	Individuals: 870 Families:	12
Senior Peer Counseling Expansion	Individuals: 200 Families:	Individuals: 200 Families:	12
Social Marketing	Individuals: 400 Families:	Individuals: 300 Families:	12
Youth Diversion program	Individuals: Families:	Individuals: 25 Families:	12
Network of Care	Individuals: TBD Families:	Individuals: TBD Families:	12
Prevention Services for Native American Youth	Individuals: 45 Families:	Individuals: Families:	12
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 1915 Families:	Individuals: 1395 Families:	

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The Multi-Lingual Parenting Services- Parenting Education Partnership, Latino Partnership-Promotores, and Senior Peer Counseling programs were previously funded by Community Services and Supports (CSS), the first component of MHSA to be approved and launched. With further definition and development of the MHSA Prevention and Early Intervention component, Monterey County is transferring these programs to PEI. This program transfer logically matching program function with component function, and additionally, allows CSS to appropriately add or enhance its services and supports functions.

5. Alternate Programs

- ☒ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

6. Linkages to County Mental Health and Providers of Other Needed Services

Links to Mental Health Service Providers: Programs of the Prevention and Education project will bridge gaps in the community with new partnerships that will implement, enhance and expand services. The partnerships will ensure that unserved and underserved populations will become aware of available mental health services gain awareness about mental health issues. Prevention and Education programs are also designed to reduce disparities in access to mental health services due to discrimination and stigma.

Links to Other Needed Services: The partnerships that are established and built upon as a result of the prevention and education programs will also develop an organized referral system between community based organizations, county programs and services. A referral system will ensure that individuals served through prevention and education programs are better able to access other support services that will meet immediate needs.

Leveraged Resources and Links to Outcomes at the Individual/family, Program/system, or Community Levels:

All programs of the *Increase Access to Prevention and Education Services* project provide direct services on the individual/family level. Efforts provided by these programs may secondarily assist with stigma and disparity reduction at the community level. Our partners in these programs are well-regarded and include Community Human Services, Center for Community Advocacy, Central Coast Citizenship Project, and Alliance on Aging, Seaside Police Department, Monterey Peninsula Unified School District and the Monterey County Behavioral Health Division. Personnel who are involved in the

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PEI programs will be encouraged to participate in cultural competency and program/system level improvement training. PEI funded services will contribute to increased capacity among our nonprofit organization partners. Social Marketing of program information will contribute to community level improvements, especially in the areas of reduction of stigma, and awareness of and access to services.

7. Collaboration and System Enhancements

Multi-Lingual Parenting Services- Parenting Education Partnership; The Parent Education Partnership consists of a lead agency and fiscal agent, Community Human Services, in collaboration with Salinas Adult School, and the Alisal Community Healthy Start Family Resource Center, Soledad Unified School District and North Monterey County Unified School District. In collaboration, the organizations will increase the capacity of service available to parents in the communities of Salinas, Seaside, South Monterey County and North Monterey County. Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly. The partnership will serve 250 families annually.

Latino Partnership-Promotores: is a partnership between the Center for Community Advocacy and Central Coast Citizenship Project. Together, the non-profit community based organizations will serve 150 families annually. The partnership will increase the capacity of services available through the outreach efforts and will provide referrals for further assessment or services needed. ***Latino Partnership-Promotores Specific Outreach for Older Adults*** will establish partnerships with the Senior Collaborative which consists of various community-based organizations in Monterey County who offer services to the older adult population of Monterey County residents. The Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

The ***Senior Peer Counseling*** program is a service offered by the Alliance on Aging, a non-profit organization which offers various programs that together form a critical network of support for the county's older adults, their families, and caregivers. The Alliance on Aging offers all its services to the county's older men and women free of charge. The Senior Peer Counseling program also provides; individual counseling, support groups, telephone consultations, mental health

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referrals, in-home or office sessions, and community education. The ***Senior Peer Counseling Expansion*** will collaborate with other community based organizations and service agencies that reach the older adult population to further enhance the existing program and expand to serve the communities in South County and in linguistically and culturally appropriate settings. With the expansion, PEI funds will employ the program to serve a total of 200 individuals annually. The Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Social Marketing: the social marketing committee will work in collaboration with PEI funded partners to further enhance social marketing efforts and activities. In addition, efforts will be made to establish partnerships with primary care providers, law enforcement, and faith-based organizations to ensure that all priority populations are reached.

The ***Youth Diversion*** program will operate in collaboration with the Monterey Peninsula Unified School District and the Seaside Police Department. The partnership will work together to serve youth and will constantly seek measures to expand their partnerships to include community based organizations that will assist in meeting immediate needs. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

The ***Network of Care website*** will be updated and maintained in collaboration with community partners and community service organization.

The ***Prevention Services for Native American Youth*** will collaborate with Monterey County Office of Education to build partnerships with school districts throughout Monterey County. Through this collaboration students of Native American heritage that are at risk of school failure or at risk of juvenile justice involvement will be referred to the program. The ***Prevention Services for Native American Youth*** program will also build partnerships with community based service organizations and MCBH to provide assessments and referrals for needed clinical services, drug and alcohol intervention and/or prevention programs when co-occurring disorders are identified. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

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Pathways to Safety will collaborate with community based service organizations throughout Monterey County, including MCBH. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

8. Intended Outcomes

For individuals, Monterey County's PEI *Increase Access to Prevention and Education* project will:

- Widen the portal to wellness, resiliency, and mental health services. Programs will be supported with social marketing campaigns aimed at targeted outreach, education, and stigma reduction.
- Encourage access to wellness, resiliency, and mental health services for un-served, underserved, and stigmatized consumers and their families by delivering services through culturally-appropriate partnerships and providing system navigators for consumers and family members.

For system and program outcomes, Monterey County's PEI *Increase Access to Prevention and Education* project will:

- Increase cultural competency for MCBH and community staff providers, other community organizations, and teachers through specialized training.
- Build and strengthen partnerships between MCBH, other agencies, and community partners.

Other proposed methods to measure success include:

- Quantitative and qualitative evaluation of short-term and intermediate-term outcomes of at least one program, using a logic model planning tool.

As a result of the *Increase Access to Prevention and Education* project we expect these changes to occur:

- Short term: increased consumer and family member access to wellness, recovery, and early intervention services; reduced disparities in the consumption of mental health services; increased availability of prevention services; increased service provider competency; strengthened links between PEI and other Monterey County MHSA components; and the creation of links between MCBH and new community partners.
- Intermediate term: reduce negative outcomes that may result from untreated mental illness, which may include prolonged suffering, school failure, the removal of children from their homes, incarcerations, chronic unemployment or homelessness, or suicide.

9. Coordination with Other MHSA Components

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Capital Facilities and Information Technology: This component will support PEI with MHSA infrastructure expansion and growth, especially through enhanced computer capabilities. In future years, based on PEI-collected first-time and early access data, PEI may provide information to help make decisions about new facility locations or existing facility expansions.

CSS: This PEI plan proposes to transfer in the programs that provide increased access and prevention activities that are currently being conducted by CSS. PEI then will become the first point of entry to wellness and recovery for MHSA activities in Monterey County'. As warranted, PEI will refer consumers and family members to CSS programs and other mental health services available from MCBH and community providers.

Housing: Monterey County's PEI programs and activities are intended to support the mental and emotional wellbeing of children and families who are receiving supportive housing services.

Social Marketing: Social Marketing efforts will support many of the PEI activities, especially those that are intended to increase early access to services through the dissemination of information via mass media campaigns.

Workforce Education and Training (WET): PEI is positioned to refer individuals who have been identified through its work programs to WET's program to assess and refer consumers to state and federal work incentive programs. WET is positioned to support PEI with client and family member training in wellness, recovery, and resilience, and to provide MCBH and partner staff training for trauma assessment and cultural competency.

10. Additional Comments (option)

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County: **Monterey County** PEI Project Name: **Increase Access to Social Support Services** Date: **5/1/08**

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	X	X	X	X
2. Psycho-Social Impact of Trauma				
3. At-Risk Children, Youth and Young Adult Populations	X	X	X	X
4. Stigma and Discrimination	X	X	X	X
5. Suicide Risk	X	X	X	X

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	X	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness	X	X	X	X
3. Children and Youth in Stressed Families	X	X		
4. Children and Youth at Risk for School Failure	X	X		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	X		

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B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Monterey County's MHSA community input process took 3½ months in 2005 and involved over 1,858 participants in 77 meetings in every part of the county. Stakeholder participants included clients and family members, low-income communities, all ethnic minorities, all age groups, migrant and new immigrant populations, traditionally marginalized populations, community leaders, associated agencies, and community based organizations. When required, meetings were conducted in both English and Spanish. Meetings were promoted through extensive media outreach. The original MHSA input process included requests that the community speak to gaps and needs for all components of the Mental Health Service Act, including Prevention and Early Intervention. The information gathered during this earlier process, allowed us to review and analyze it for the Prevention Early Intervention plan. In the summer of 2007, we asked the epidemiology section of the Monterey County Health Department to perform a content analysis of the input from those meetings, summarize the findings and present that information through a more targeted stakeholder process.

Monterey County's PEI planning process began in October of 2007 with the PEI Coordinator organizing more than 20 community forums with various groups including community based organizations along with consumers, family members, general concerned community members and professionals. The groups represented the four regions of Monterey County: South County, North County, Salinas and the Monterey Peninsula. Individuals participating in the forums represented diverse ethnic backgrounds such as, Latino, African-American, Caucasian, Asian American, and monolingual Spanish speaking populations. The PEI Coordinator also attended regular meetings held by various community groups, taking the input process to them, to ensure that as many individuals as possible had the opportunity to become familiar with the PEI planning process and were able to provide their input.

The statements of need derived from the 2005 MHSA community input process were reiterated and confirmed in the 2007 PEI community input process. Input from both efforts were considered and integrated into this draft plan.

The planning process identified four major themes with various strategies; below we will articulate each strategy and the four major themes:

- Increase Access to Mental Health Services
- Increase Access to Screening
- Increase Awareness and Education
- Increase Access to Social Support services

3. PEI Project Description: (attach additional pages, if necessary)

The *Increase Access to Social Support Services* project is designed to address the needs and priorities that were identified in the community planning process by increasing mental health screening and care opportunities for first-time, unserved, underserved, and stigmatized residents. Community members consistently identified nontraditional settings such as homes, schools, neighborhoods, and community organizations as means of effective outreach to vulnerable populations, especially those who may be experiencing anxiety, depression, trauma, or co-occurrence. Details of how the *Increase Access to Social Support Services* project links to Monterey County demographics and community needs, stakeholder input, and priority populations is contained in the project's four program descriptions:

The **Adult Wellness Center** was developed in 2006 by consumers of mental health services as a CSS program. The Center continues to be operated by consumers under a MCBH contract, and programming is designed in direct relation to input and desires of the participants. The Center's mission to end isolation and promote wellness is realized through peer support groups and education as well as self healing activities, with all programs are focused on empowerment and alternative approaches to healing. Services are delivered by paid consumers and volunteer staff, with oversight from Interim, Inc., a nonprofit mental health services organization. Over 100 consumers and their families were served in 2006-2007.

The **Child Advocate Program** (CAP) provides community-based intervention and prevention services to approximately 120 families with children under the age of five who have witnessed or been subjected to domestic violence. The program is a collaborative partnership with 13 community partners. The CAP conducts home visits, conducts social and emotional development screening and provides referrals as needed, provides emergency assistance, and works to ensure that a wide range of community resources are utilized to fulfill basic needs. CAP constantly strives to develop new resources to help the families provide a nourishing environment that is supportive of healthy child development.

The **Avanza Program** connects transition age youth with community resources, jobs, and educational opportunities. Since its inception in July 2005 as a CSS program, services have been expanded to include young adults ages 23-25 in addition to youth ages 16-22. Avanza's goal is to assist, nurture, and empower youth and young adults to make successful decisions as they transition into adulthood with comprehensive case management in the areas of employment, independent living skills, and personal functioning. Avanza also provides youth and young adults with safe social and recreational opportunities. Avanza is conducted by Monterey County Behavioral Health staff and thirty (30) individuals will be served.

The **Peer to Peer Counseling** program is conducted by Monterey County Behavioral Health staff to provide adults with a structured form of mutual support. This setting of an agreed confidentiality, allows for consumers to have a safe environment where they have freedom of expression without having the expression of emotion viewed as a symptom of emotional

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disturbance. The Peer to Peer Counseling program will provide a network of support in the event of experiencing a crisis or symptoms of serious mental illness or serious emotional disturbance. For many, the Peer to Peer Counseling program will be a key component of their wellness program as it is a free, safe, and effective self-help tool that encourages expression of feelings and emotions and helps reduce psychiatric symptoms.

The ***Community Warm Line*** will provide Monterey County residents in crisis with supportive assistance and linkages to resources within the community. It is a place to call when individuals, consumers or family members need to connect with someone. Reasons for calling might be needing support, feeling isolated, or learning about recovery skills. The Community Warm Line is designed to accept calls when people are feeling frightened, sad, or had a great day or wanted to share a success. It is not a crisis line (traditionally called a hot line), but rather a place to talk and be listened to. The Community Warm Line will receive calls 24 hours a day, 7 days a week. Non-emergency calls are handled by staff and will provide the caller with information, support and referrals. It is expected that the Community Warm Line will serve 100 people in the first year of implementation.

Emotions Anonymous/Schizophrenia Anonymous is a program well accepted by consumers and serves as a support system which is built upon the provision of a warm and accepting group setting in which to share experiences without fear of criticism. Through weekly support meetings, members discover they are not alone in their struggles. Participants will support each other in accepting that each may have different symptoms, but the underlying emotions are the same or similar. EA/SA will allow for leadership development since leadership of group meetings rotates and is non-professional. The leader's function is simply to conduct the meeting, not to serve as an authority. Our meetings are structured to assist individuals who want to achieve and maintain emotional health by understanding and utilizing the Twelve Steps of Emotions Anonymous in their daily lives. It is anticipated that the EA/SA will serve 25 people during its first year.

Critical Incident Debriefing is offered by the Monterey County Behavioral Health Division and is a vital service as individuals often bear witness to violence and traumatic incidents in our communities. It is highly likely that individuals and communities are often ill-equipped to handle the chaos of catastrophic situations. Consequently, survivors often struggle to regain control of their lives as friends, family, and loved ones may be unaccounted for or are found critically injured, lay dying or are already dead. Additionally, those who have been traumatized by the critical event may eventually need professional attention and care for weeks, months and possibly years to come. The final extent of any traumatic situation may never be known or realistically estimated in terms of trauma, loss and grief. In the aftermath of any critical incident, psychological reactions are common and are fairly predictable. Common reactions which can lead to serious psychiatric symptoms or serious emotional disturbance are; reactive depression, anxiety, fatigue, paranoia, hyper-vigilance, suicidal or homicidal ideation, among many others. Critical Incident Stress Debriefing (CISD) is a valuable tool following a traumatic event. Debriefing allows those involved with the incident to process the event and reflect on its impact. Debriefing is usually

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conducted on or near the site of the incident. Individuals who are provided with critical debriefing within a 24-72 hour period after the initial crisis or incident have shown to experience less short-term and long-term crisis reactions or psychological trauma (Mitchell, 1998; Young, 1994). It is expected that 45 individuals will be served annually.

A specific emphasis of the **TAY Wellness Center** will be on vocational needs of transition age youth. The program's focus on development of supportive employment services and job options for young people, such as social enterprises. Efforts will be dedicated to the development of self-help, peer support and youth/family-run programs, to add youth/families as providers in clinical settings and to develop youth training programs, including youth and family member leadership training programs. Services provided through the TAY Wellness Center include values-driven evidence-based and promising clinical services that are culturally and linguistically appropriate and integrated with overall service planning and support housing, employment, and/or education goals and are consistent with the values of the youth and his/her community. The TAY Wellness Center will also create linkages to supportive employment including development of job options for young people, such as social enterprises, agency supported positions, and competitive employment options with equal pay and benefits. Recreation and social activities, with transition age youth involved in the planning and development of activities.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation from July 1, 2008 through June 30, 2009
	Prevention	Early Intervention	
Adult Wellness Center	Individuals: 100 Families:	Individuals: 281 Families:	12 months
Child Advocacy Program	Individuals: 25 Families:	Individuals: 25 Families:	12 months
AVANZA Expansion	Individuals: 15 Families:	Individuals: 15 Families:	12 months

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	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation from July 1, 2008 through June 30, 2009
Peer to Peer Counseling	Individuals: TBD Families:	Individuals: TBD Families:	12 months
Community Warm Line	Individuals: 50 Families:	Individuals: 50 Families:	12 months
Critical Incident Debriefing	Individuals: Families:	Individuals: 45 Families:	12 months
Emotions Anonymous/Schizophrenia Anonymous	Individuals: Families:	Individuals: 25 Families:	12 months
TAY Wellness Center	Individuals: 25 Families:	Individuals: 25 Families:	12 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 215 Families:	Individuals: 466 Families:	

Adult Wellness Center, Child Advocacy Program, Avanza, TAY Wellness Center and Peer to Peer Counseling were previously funded by Community Services and Supports (CSS), the first component of MHSA to be approved and launched. With further definition and development of the MHSA Prevention and Early Intervention component, Monterey County is transferring these programs to PEI. This program transfer logically matching program function with component function, and additionally, allows CSS to appropriately add or enhance its services and supports functions.

5. Alternate Programs

- ☐ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

6. Linkages to County Mental Health and Providers of Other Needed Services

Links to Mental Health Service Providers: Programs of the Prevention and Education project will bridge gaps in the community with new partnerships that will implement, enhance and expand services. The partnerships will ensure that unserved and underserved populations will become aware of available mental health services gain awareness about mental health issues. Prevention and Education programs are also designed to reduce disparities in access to mental health services due to discrimination and stigma.

Links to Other Needed Services: The partnerships that are established and built upon as a result of the prevention and education programs will also develop an organized referral system between community based organizations, county programs and services. A referral system will ensure that individuals served through prevention and education programs are better able to access other support services that will meet immediate needs.

Leveraged Resources and Links to Outcomes at the Individual/family, Program/system, or Community Levels:

All programs of the *Increase Access to Social Support Services* project provide direct services on the individual/family level. Efforts provided by these programs may secondarily assist with stigma and disparity reduction at the community level. Our collaborators in these programs are well-regarded and include OMNI Resource Center, Monterey County Behavioral Health Division and the Monterey County Probation Department. Personnel who are involved in the PEI programs will be encouraged to participate in cultural competency and program/system level improvement training. PEI funded services will contribute to increased capacity among our nonprofit organization partners. Social Marketing of program information will contribute to community level improvements, especially in the areas of reduction of stigma, and awareness of and access to services.

7. Collaboration and System Enhancements

Adult Wellness Center

The Adult Wellness Center was originally established as a CSS program and is operated by Interim Inc, a nonprofit provider of supportive services and housing (temporary and permanent) for adults with mental illness. Interim Inc. also provides

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outreach, employment and education services homeless services, and residential treatment for Monterey County residents. Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Child Advocacy Program

The Child Advocacy Program will continue to serve families in collaboration with community based organizations that will offer social and support services that will meet immediate needs. Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

AVANZA Expansion

The AVANZA program will expand to serve additional youth in partnership with schools of Monterey County and community based organization that will provide referrals for youth in need of services. Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Peer to Peer Counseling

The Peer to Peer Counseling program will operate in collaboration with services and programs available through the MCBH and community based organizations. Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Warm Line

The Warm Line will operate in collaboration with services and programs available through the MCBH and community based organizations. Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Critical Debriefing

The Critical Debriefing program will operate in collaboration with services and programs available through the MCBH and community based organizations. Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

Emotions Anonymous/Schizophrenia Anonymous

The Emotions Anonymous/Schizophrenia Anonymous program will operate in collaboration with services and programs available through the MCBH and community based organizations. Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

TAY Wellness Center

The TAY Wellness Center will operate in collaboration with services and programs available through the MCBH and community based organizations. Resources are leveraged through in-kind contributions and funds from our partners. Plans for sustainability of the program will be developed in collaboration with key Behavioral Health staff and the PEI Coordinator. Needs for technical assistance will be identified and provided accordingly.

8. Intended Outcomes

For individuals, Monterey County's PEI *Increase Access to Social Services* project will:

- Widen the portal to wellness, resiliency, and mental health services. Programs will be supported with social marketing campaigns aimed at targeted outreach, education, and stigma reduction.
- Encourage access to wellness, resiliency, and mental health services for unserved, underserved, and stigmatized consumers and their families by delivering services through culturally-appropriate partnerships and providing system navigators for consumers and family members.

For system and program outcomes, Monterey County's PEI *Increase Access to Social Support Services* project will:

- Increase cultural competency for MCBH and community staff providers, other community organizations, and teachers through specialized training.
- Build and strengthen partnerships between MCBH, other agencies, and community partners.

Other proposed methods to measure success include:

- Quantitative and qualitative evaluation of short-term and intermediate-term outcomes of at least one program, using a logic model planning tool.

As a result of the *Increase Access to Social Services* project we expect these changes to occur:

- Short term: increased consumer and family member access to wellness, recovery, and early intervention services; reduced disparities in the consumption of mental health services; increased availability of prevention services; increased service provider competency; strengthened links between PEI and other Monterey County MHSAs components; and the creation of links between MCBH and new community partners.

- Intermediate term: reduce negative outcomes that may result from untreated mental illness, which may include prolonged suffering, school failure, the removal of children from their homes, incarcerations, chronic unemployment or homelessness, or suicide.

9. Coordination with Other MHSA Components

Capital Facilities and Information Technology: This component will support PEI with MHSA infrastructure expansion and growth, especially through enhanced computer capabilities. In future years, based on PEI-collected first-time and early access data, PEI may provide information to help make decisions about new facility locations or existing facility expansions.

CSS: This PEI plan proposes to transfer in the programs that provide increased access and prevention activities that are currently being conducted by CSS. PEI then will become the first point of entry to wellness and recovery for MHSA activities in Monterey County'. As warranted, PEI will refer consumers and family members to CSS programs and other mental health services available from MCBH and community providers.

Housing: Monterey County's PEI programs and activities are intended to support the mental and emotional wellbeing of children and families who are receiving supportive housing services.

Social Marketing: Social Marketing efforts will support many of the PEI activities, especially those that are intended to increase early access to services through the dissemination of information via mass media campaigns.

Workforce Education and Training (WET): PEI is positioned to refer individuals who have been identified through its work programs to WET's program to assess and refer consumers to state and federal work incentive programs. WET is positioned to support PEI with client and family member training in wellness, recovery, and resilience, and to provide MCBH and partner staff training for trauma assessment and cultural competency.

10. Additional Comments (option)

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Project: Increase Access to Mental Health Services

Program Name	Program Description
African American Community Partnership	Provides professional development, cultural competency, and capacity building workshops for individuals at county schools, community organizations, and agencies that serve African American residents. The Partnership's work includes cultural competency curriculum development and systematic outreach activities to identify appropriate agencies and programs for participation, and mental health counseling services for African American youth at risk for school failure or involvement in the juvenile justice system.
GLBTQ Community Partnership	The Partnership provides mental health outreach to GLBT individuals. Early intervention outreach, client engagement, and mental health counseling services are expected to provide improvements at the individual level.
Toll-free, 24/7 Telephone Referral System	The system is anticipated to perform similarly to the United Way 211 call system that successfully operates in 9 other California counties and reaches approximately 65% of the population nationwide. The system will be developed to provide services in English and Spanish to residents of all age groups and race/ethnicities.
School-based Domestic Violence Counseling	This prevention and early intervention program will be delivered by counselors (MFT/MSW interns or trainees) who will work in a non-traditional setting – schools – to reduce the stigma children may otherwise face as a result of having to endure the effects of having been a witness of violence whether it be violence in the home or in their community.
System Navigator Program	Will facilitate consumer access services and timely entry to services. System Navigators will provide consumers, family members and caregivers with information and awareness about service availability, consumer rights, and treatment options. The program will operate in collaboration with psychiatrists, primary care physicians and mental health clinicians and community support service organizations.
Suicide Prevention Hot Line Expansion	The expansion will increase the capacity for a 24-hour multilingual suicide crisis line, and maintain a local and toll free phone system to ensure that services are accessible to all residents at-risk of suicide

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Project: Increase Access to Mental Health Screening

Program Name	Program Description
School Evidence-Based Practices (Therapy)	This pilot program was launched under the CSS plan in June 2007 with four elementary schools. PEI funds will expand the program to include two additional school sites where immediate services and referrals will be offered.
Early Intervention 0-5 Secure Families/Familias Seguras	Provides culturally and linguistically appropriate behavioral health services geared toward children ages 0-5. The program provides parents and family members with resources required to support positive physical, emotional and cognitive development. Services include therapeutic services to children and their families.
Mental Health Screening for Children ages 0-8	Expansion provides additional psychiatric social workers to extend the target population to children up to and including age 8 who are in need of screening, assessment, and therapeutic services.
Depression/Anxiety Screening Days	Depression/Anxiety Screening Days provides mental health screenings and educational materials about common mental health problems, educates friends and family members about the signs of suicide and effective ways to respond to a loved one who may be at risk for suicide as well as the symptoms of depression and anxiety which may lead to suicidal ideations. PEI funds will sponsor and organize up to four (4) Depression/Anxiety Screening Days throughout Monterey County per year.
Alcohol and Drug Intervention with PTSD/Criminal Justice System Adults	The mental health services will focus on trauma-exposed parents in substance abuse treatment and their children, who are experiencing trauma-related mental health needs due to having parents with an addictive disorder. This service will prevent the development of serious mental health illness due to untreated mental illness.

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Project: Increase Access to Prevention and Education Services

Program Name	Program Description
Multi-Lingual Parenting Services- Parenting Education Partnership	The partnership increases parenting skills of Spanish speaking and English speaking parents through their participation in an eight to ten week series utilizing the <i>Positive Parenting Program</i> curriculum.
Latino Partnership-Promotores	Provides the training for Promotores de Salud, who provide health education and facilitate access to mental health services for un-served Latino adults, children and families through outreach and engagement activities.
Latino Partnership-Promotores Specific Outreach for Older Adults	Provides the Promotores de Salud model tailored to older adults with the purpose of increasing mental health awareness, increasing the knowledge and accessibility to mental health services and other community based support services.
Senior Peer Counseling	The Senior Peer Counseling program provides mental health intervention and support to older adults suffering from depression, grief, loss, isolation, adjustment to chronic illness, relationship problems with adult children and other stressors.
Senior Peer Counseling Expansion	PEI funds will enhance current efforts to reach older adults and provide access to support groups and individual counseling to address mental health needs. Expansion funds will afford the provision of up to four Wellness Series workshops in each community in Salinas and South County. Wellness Series will provide education on mental health and emotional health.
Social Marketing	The expanded social marketing plan will identify how Behavioral Health and MHSA will be positioned in the community, and develop strategies and partnerships for different populations of focus with potential partners such as primary care providers, law enforcement, faith-based venues and others.
Youth Diversion program	The Youth Diversion Program is designed to assess the emotional and mental health needs of youth who are at risk of school failure and involvement in the juvenile justice system.

Project: Increase Access to Prevention and Education Services, Continued

Program Name	Program Description
Network of Care	The project is part of a broad effort by our county to improve and better coordinate long-term care services locally. This comprehensive, Internet-based resource is for the elderly and people with disabilities, as well as their caregivers and service providers
Prevention Services for Native Americans	Will assist youth at risk of school failure and youth at risk juvenile justice involvement in developing social and emotional skills, learning to develop health relationships through alternative methods of service delivery such as; equine facilitated therapy, culturally appropriate creative arts. With a service tailored to the Native American population the program bring cultural awareness and sensitivity to the method of delivery.
Pathways to Safety	Families of children who have been reported to Child Protective Services without substantiated abuse findings will be engaged, assessed and referred to supportive and preventive community based services to ameliorate the issues impacting those families.

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Project: Increase Access to Social Support Services

Program Name	Program Description
Adult Wellness Center	Developed in 2006 by consumers of mental health services as a Community Services and Supports program. The program will promote wellness through peer support groups and education as well as self healing activities. All programs are focused on empowerment and alternative approaches to healing
Child Advocate Program (CAP)	Provides community-based intervention and prevention services to families with children under the age of five who have witnessed or been subjected to domestic violence, by conducting home visits, conducting social and emotional development screening and referrals as needed, providing emergency assistance, and working to ensure that a wide range of community resources are utilized to fulfill basic needs.
AVANZA Program	AVANZA's goal is to assist, nurture, and empower youth and young adults to make successful decisions as they transition into adulthood with comprehensive case management in the areas of employment, independent living skills, and personal functioning.
Peer to Peer Counseling	The Peer to Peer Counseling program will provide a network of support in the event of experiencing a crisis or symptoms of serious mental illness or serious emotional disturbance.
Community Warm Line	The Community Warm Line will provide Monterey County residents in crisis with supportive assistance and linkages to resources within the community.
Emotions Anonymous/Schizophrenia Anonymous	Serves as a consumer driven support system which is built upon the provision of a warm and accepting group setting in which to share experiences without fear of criticism. Through weekly support meetings, members discover they are not alone in their struggles.
Critical Incident Debriefing	Debriefing will be conducted on or near the site of a violent or traumatic incident. Individuals will be provided with critical debriefing within a 24-72 hour period after the initial crisis or incident in efforts to prevent or minimize short-term and long-term crisis reactions or psychological trauma
TAY Wellness Center	Will develop self-help, peer support and youth/family-run programs, creating opportunities for youth/families to serve as providers in clinical settings and to develop youth training programs, including youth and family member leadership training programs.

